| Fill in this information to identify your case: | | |
|---|---|------------------------------------|
| United States Bankruptcy Court for the : | | |
| NORTHERN District of ILLINOIS (State) | | |
| Case Number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: | Identify Yourself | | |
|---------------|--|----------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your | full name | | |
| goveri | the name that is on your | Lynette First name | First name |
| | ication (for example, Iriver's license or ort). | Meshelle Middle name | Middle name |
| identif | your picture ication to your meeting ne trustee. | Heard Last name | Last name |
| with ti | ie trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All ot | her names you | | |
| have years | used in the last 8 | First name | First name |
| | e your married or names. | Middle name | Middle name |
| | | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| your | the last 4 digits of Social Security | xxx - xx - <u>4233</u> | xxx - xx |
| Indivi | er or federal dual Taxpayer | OR | OR |
| identi | fication number | 9 xx - xx | 9xx - xx |

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Document Heard Lynette Meshelle Debtor 1 Case Number (if known)

| About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|
| Business name Business name EIN EIN | Business name Business name EIN EIN |
| 1833 Harlem Ave Number Street Unit 1W | If Debtor 2 lives at a different address: Number Street |
| Berwyn IL 60402 City State ZIP Code COOK County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | City State ZIP Code County If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address. |
| Number Street P.O. Box City State ZIP Code | Number Street P.O. Box City State ZIP Code |
| Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408 | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408 |
| | Business name Business name EIN 1833 Harlem Ave Number Street Unit 1W Berwyn IL 60402 City State ZIP Code COOK County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number Street P.O. Box City State ZIP Code Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |

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Page 3 of 57 Document Lynette Meshelle Heard Case Number (if known) _ Debtor 1 Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals The chapter of the Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No bankruptcy within the _{District} None last 8 years? _____ When ___ ☐ Yes. Case Number MM / DD / YYYY District None __ When ___ ___ Case Number ___ MM / DD / YYYY _____ When ___ _____ Case Number ___ MM / DD / YYYY No 10. Are any bankruptcy cases pending or being filed by a spouse who is Yes. not filing this case with _____ When ____ Case Number, if known _____ you, or by a business MM / DD / YYYY parter, or by affiliate? Relationship to you _ When _ Case Number, if known ____ District MM / DD / YYYY 11. Do you rent your ☐ No. Go to line 12 residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your

residence?

No. Go to line 12.

this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

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| | | | Document | Page 4 of 57 |
|----------|---------|----------|----------|------------------------|
| Debtor 1 | Lynette | Meshelle | Heard | Case Number (if known) |

| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. □ Yes. | Go to Part 4. Name and location of b | ousiness | | | |
|------------------------------|--|-----------------|--|------------------|----------------------|-----------|---------------|
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as | | Name of business, if any | · | | | |
| | a corporation, partnerhsip, or LLC. If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. | | Number Street | | | | |
| | to this petition. | | City | | | State | e Zip Code |
| | | | Check the appropriate | box to describe | e your business: | | |
| | | | ☐ Health Care Busi | ness (as define | ed in 11 U.S.C. § 10 | 1(27A)) | |
| | | | ☐ Single Asset Rea | ıl Estate (as de | fined in 11 U.S.C. § | 101(51B)) | |
| | | | ☐ Stockbroker (as o | defined in 11 U | .S.C. § 101(53A)) | | |
| | | | ☐ Commodity Broke | er (as defined i | n 11 U.S.C. § 101(6 |)) | |
| | | | ☐ None of the abov | re | | | |
| | debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | □ No. I | I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | | . , | | | | |
| Pa | t 4: Report if You Own or Ha | ve Any Hazard | lous Property or Any Prop | erty That Need | s Immediate Attenti | on | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | No. | What is the hazard? | | | | |
| inde publ Or d prop | indentifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is | needed, why is | s it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | |
| | | | Where is the property? | Number | Street | | |
| | | | | | | | |
| | | | | City | | \$ | State ZIP Cod |

First Name

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Lynette Debtor 1

Meshelle

Document Heard

Page 5 of 57 Case Number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor | 1. |
|--------------|----|
| ADOUL DEDIO | |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | about |
|---|-------|
| credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. approved You must file a certificate from the agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

> to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-36269 Doc 1 Filed 11/14/16 Entered 11/14/16 16:21:56 Desc Main Document Page 6 of 57 Lynette Meshelle Heard Debtor 1 Case Number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is No. excluded and administrative expenses Yes. are paid that funds will be available for distribution to unsecured creditors? 1-49 1,000-5,000 **2**5,001-50,000 How many creditors do **50-99** you estimate that you 5,001-10,000 **5**0,001-100,000 owe? ☐ More than 100,000 **100-199** 10,001-25,000 200-999 \$0-\$50,000 **□** \$1,000,001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your assets to \$50,001-\$100,000 **□** \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion be worth? **\$100,001-\$500,000** □ \$50,000,001-\$100 million **□**\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐More than \$50 billion \$0-\$50.000 □ \$1.000.001-\$10 million □\$500,000,001-\$1 billion How much do you estimate your liabilities \$50,001-\$100,000 □ \$10,000,001-\$50 million □\$1,000,000,001-\$10 billion to be? **\$100,001-\$500,000** □ \$50,000,001-\$100 million □\$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. ★ /s/ Lynette Meshelle Heard

Signature of Debtor 1

Executed on

11/12/2016

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

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| Debtor 1 | Lynette | Meshelle | Heard | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middle Name | Last Name | |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| 🗶 /s/ David Derrick Lugardo | Date | Date: 11/12/2016 | | |
|--|-------------|------------------|-----------|-------|
| Signature of Attorney for Debtor | | MM / DE |) / YYYY | |
| David Derrick Lugardo | | | | |
| Printed name | | | | |
| Geraci Law L.L.C. | | | | |
| Firm name | | | | |
| 55 E. Monroe St., #3400 | | | | |
| Number Street | | | | |
| | | | | |
| Chienge | | 6060 | | |
| Chicago | IL Out | 60603 | | |
| | IL State | | 3 Code | |
| Chicago City Contact Phone _ 312-332-1800 | State | ZIP | | v.com |
| City | State | ZIP | Code | /.com |

| Fill in this in | formation to ident | ify your case: | |
|---------------------------|----------------------|---------------------------------------|------------------|
| Debtor 1 | Lynette | Meshelle | Heard |
| | First Name | Middle Name | Last Name |
| Debtor 2 | - | · · · · · · · · · · · · · · · · · · · | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS (State) |
| Case Number (If known) | Γ | | _ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|---|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$0 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$ 37,450 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 37,450 |
| | |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$18,284 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$2,798 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$26,636 |
| | |
| Part 3: Summarize Your Liabilities | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,209.13 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$2,205.00 |

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Debtor 1 Lynette Meshelle Heard Case Number (if known)

Last Name

EntriesDescription <u>AssetsAmount</u> **LiabilitiesAmount Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapter 7, 11 or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$ 2,885.32 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 of Schedule E/F, copy the following: \$ 0.00 9a. Domestic support obligations (Copy line 6a.) \$ 2,798.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) $_{0.00}$ 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.) \$ 0.00 9e. Obligations arising out of a separation agreement or divorce that you did not report as \$ 0.00 priority claims. (Copy line 6g.) \$ 0.00 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) \$<u>2,79</u>8.00 9g. Total. Add lines 9a through 9f.

First Name

Middle Name

| | Caso 16 | 36260 Doc 1 | Eilad 11/1/1/16 | Entored 11/14/16 1 | 6:21:56 Des | sc Main |
|--|---|---|---|---|---|--|
| Fill in this in | formation to ide | ntify your case and this fili | | 0 of 57 | 0.22.00 | , o |
| Debtor 1 | Lynette | Meshelle | Heard | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court fo | or the : <u>NORTHERN</u> Distric | ct of <u>ILLINOIS</u> | | | |
| Case Number | | | (State) | | | Check if this is an |
| (If known) | | | | | | amended filing |
| Official F | <u>orm 106A</u> | <u>/B</u> | | | | |
| Schedul | e A/B: Pr | operty | | | | 12/15 |
| ategory where esponsible for ages, write you out the control of th | you think it fits supplying corre ur name and cas Describe Each Re- un or have any le | best. Be as complete and a ct information. If more spa e number (if known). Answ sidence, Building, Land, or O gal or equitable interest in | accurate as possible. If two m ce is needed, attach a separa | d, or similar property? | both are equally | |
| | - | - | | | > | \$0.00 |
| Part 2: | Describe Your Vel | nicles | | | | |
| O3. Cars, vans No. Yes. No. Yes. No. Yes. No. Yes. | Describe Describe Make: Model: Year: Approximate Milea Other information: t, aircraft, motor Boats, trailers, motor Describe | Kia Sport utility vehicles, mo Kia Sportage 2013 20,000 homes, ATVs and other recors, personal watercraft, fishing | Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtor Check if this is comm instructions) creational vehicles, other vehicles, snowmobiles, motorcycle | s and another unity property (see nicles, and accessories accessories | Do not deduct secured of the amount of any secure | claims or exemptions. Put red claims on Schedule D: aims Secured by Property Current value of the portion you own? 16,050.00 |
| | | | our entries fro Part 2, includi | | | \$ 16,050.00 |
| you have at | tached for Part 2 | . Write that number here . | | > | | |
| Part 3: | Describe Your Per | sonal and Household Items | | | | |
| Do you own o | r have any legal (| or equitable interest in any | of the following items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| Examples: | | ilshings urniture, linens, china, kitchenw | are | | | |
| Yes. | Describe | Furniture, linens, small appliar | nces, table & chairs, bedroom set | | \$1,200 | \$ <u>1,200.0</u> 0 |

Official Form 106A/B Record # 721910 Schedule A/B: Property Page 1 of 6

Doc 1 Filed 11/14/16 Entered 11/14/16 16:21:56 Desc Main Page 11 of Physics Page 11/14/16 16:21:56 Desc Main Physics Page 11/14/16 Desc Case 16-36269 Debtor 1 07. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No. Yes. Describe..... \$150 TV, laptop, cell phone 150.00 08. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No. Describe..... Yes. 0.00 09. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No. Describe..... 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No. Describe..... Yes. 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories es. Describe..... \$250 Necessary wearing apparel 250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No. Describe..... Jewelry, costume jewelry \$250 250.00 13. Non-farm animals Examples: Dogs, cats, birds, horses No. Describe..... 0.00 14. Any other personal and household items you did not already list, including any health aids you did not list Describe..... 0.00

for Part 3. Write that number here ----**Describe Your Financial Assets** Part 4:

Do you own or have any legal or equitable interest in any of the following?

16. Cash

portion you own? Do not deduct secured claims

Current value of the

or exemptions

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

No.

Yes. Describe..... \$1,850.00

Debtor 1 Lynette Case 16-36269 Doc 1 Filed 11/14/16 Beard Document Page 12 of 57 miles (if known)

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses,

| 17. | Deposits of | - | , or other financial accounts; c | ertificates of deno | eit: chares in crea | dit unione brokerage boi | IS AS | | |
|-----|---------------|--|---|---------------------|---------------------|-----------------------------|--------------------|--------------|----------------------|
| | | | If you have multiple accounts v | | | ait unions, blokerage not | 1000, | | |
| | Yes. | Describe | Account Type: | Institu | tion name: | | | | |
| | <u> </u> | | Checking Account | <u> </u> | CF Bank | | | \$ \$ | 1,500.00 1,500.00 |
| 18. | Examples: | | ublicly traded stocks ment accounts with brokerage | firms, money ma | rket accounts | | | * | |
| | No. Yes. | Describe | Institution or issuer name: | : | | | | | |
| 19. | Non-public | olv traded stock | and interests in incorpor | ated and uning | orporated bus | inesses. including a | n interest in | \$ | 0.00 |
| | No. | • | • | | • | , | | | |
| | Yes. | Describe | Name of Entity and Perce | ent of Ownershi | o: | | | \$ | 0.00 |
| 20. | Governme | nt and corporat | e bonds and other negoti | able and non-n | egotiable instr | ruments | | · | |
| | - | | e personal checks, cashiers' c re those you cannot transfer to | | | • | | | |
| | No. | | | | | | | | |
| | Yes. | Describe | Issuer name: | | | | | \$ | 0.00 |
| 21. | | t or pension acc | | | | | | | |
| | No. | Interests in IRA, E | RISA, Keogh, 401(k), 403(b), t | thrift savings acco | unts, or other per | nsion or profit-sharing pla | ins | | |
| | Yes. | Describe | Type of account and Instit | tution name: | | | | \$ | 0.00 |
| 22. | | eposits and pre | payments posits you have made so that yo | u may continue s | ervice or use from | n a company | | | |
| | | | andlords, prepaid rent, public u | - | | | | | |
| | Yes. | Describe | Institution name or individ | ual: | | | | s | 0.00 |
| 23. | Annuities No. | (A contract for a | a periodic payment of mo | ney to you, eith | er for life or fo | or a number of years) | | <u> </u> | |
| | Yes. | Describe | Issuer name and descript | ion: | | | | • | 0.00 |
| 24. | | n an education I §§ 530(b)(1), 529A | RA, in an account in a qu (b), and 529(b)(1). | alified ABLE p | rogram, or und | er a qualified state to | uition program. | \$ | <u> </u> |
| | Yes. | Describe | Institution name and desc | ription. Separa | tely file the reco | ords of any interests.1 | 1 U.S.C. § 521(c): | \$ | 0.00 |
| 25. | Trusts, equ | uitable or future | interests in property (oth | er than anythi | ng listed in line | e 1), and rights or po | wers | - | |
| | Yes. | Describe | | | | | | • | 0.00 |
| 26. | | | marks, trade secrets, and ames, websites, proceeds from | | | e e | | \$ | 0.00 |
| | No. | internet domain no | imes, websites, proceeds from | i royanies and nee | ansing agreement | 5 | | | |
| | Yes. | Describe | | | | | | ¢ | 0.00 |
| 27. | Licenses, | franchises, and | other general intangibles | i | | | | Ψ | <u></u> |
| | | | exclusive licenses, cooperative | | ngs, liquor license | es, professional licenses | | | |
| | Yes. | Describe | | | | | | • | 0.00 |

Case 16-36269 Doc 1 Lynette

Desc Main

Debtor 1 First Name Middle Name

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Page 13 of 57 umber (if known)

| Мо | ney or prope | erty owed to yo | u? | Current value of the portion you own? Do not deduct secured claims or exemptions |
|-----|-----------------------------|---|--|---|
| 28. | | s owed to you | | |
| | No. Yes. | Describe | Expected 2016 income tax return \$1,700 | \$ 1,700.00 |
| 29. | Family supples: F | | sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement | <u>*</u> |
| | Yes. | Describe | | \$ 0.00 |
| 30. | Examples: L | rity benefits; unpa | bwes you ability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, id loans you made to someone else | , <u> </u> |
| | Yes. | Describe | | \$0.00 |
| 31. | | nsurance polic lealth, disability, d | ies or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Company Name & Beneficiary: | |
| | Yes. | Describe | Renter's Insurance Policy with Travelers \$0 Whole Life Insurance Policy with United Insurance \$300 | \$ <u>300.0</u> 0 |
| 32. | If you are the property bed | e beneficiary of a cause someone ha | nat is due you from someone who has died living trust, expect proceeds from a life insurance policy, or are currently entitled to receive as died. | |
| | Yes. | Describe | | \$ <u> </u> |
| 33. | _ | - | es, whether or not you have filed a lawsuit or made a demand for payment ment disputes, insurance claims, or rights to sue | |
| | Yes. | Describe | | \$0.00 |
| 34. | No. Yes. | ngent and unlie | quidated claims of every nature, including counterclaims of the debtor and rights | |
| 25 | | | | \$0.00 |
| 35. | No. | ai assets you c | lid not already list | |
| | Yes. | Describe | | \$ <u>0.0</u> 0 |
| | | | of your entries from Part 4, including any entries for pages you have attached er here> | \$3,500.00 |
| F | art 5: | escribe Any Bus | iness-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| 37. | No. Yes. | or have any le | egal or equitable interest in any business-related property? | |
| | _ | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | Accounts re | eceivable or co | mmissions you already earned | |
| | Yes. | Describe | | \$ <u>0.0</u> 0 |

Filed 11/14/16 Entered 11/14/16 16:21:56

— Document Page 14 of Pa Doc 1 Desc Main Debtor 1 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0.00 41. Inventory No. Yes. Describe..... 0.00 42. Interests in partnerships or joint ventures Name of Entity and Percent of Ownership: Yes. Describe..... 0.00 43. Customer lists, mailing lists, or other compilations No. Yes. Describe..... 0.00 44. Any business-related property you did not already list Describe..... 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$ 0.00 for Part 5. Write that number here ----Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Describe..... Yes 0.00 47. Farm animals Examples: Livestock, poultry, farm-raised fish No. Yes. Describe..... 0.00 48. Crops-either growing or harvested No. Yes. Describe..... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No. Yes. Describe..... 0.00 50. Farm and fishing supplies, chemicals, and feed

0.00

0.00

\$0.00

No.

No. Yes.

Yes. Describe.....

Describe.....

51. Any farm- and commercial fishing-related property you did not already list

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached

Desc Main

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Document Page 15 of 57 Pumber (if known) Case 16-36269 Doc 1 First Name

| Part 7. Describe All Property You Own or Have an Interest in That You Did Not I | List Above | |
|--|--------------|-----------------|
| 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No. | | |
| Yes. Describe | | \$ <u>0.0</u> 0 |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here | > | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | |
| 55. Part 1: Total real estate, line 2 | | \$ 0.00 |
| 56. Part 2: Total vehicles, line 5 | \$ 16,050.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$ 1,850.00 | |
| 58. Part 4: Total financial assets, line 36 | \$ 3,500.00 | |
| 59. Part 5: Total business-related property, line 45 | \$ 0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$ 0.00 | |
| 61. Part 7: Total other property not listed, line 54 | \$ 0.00 | |
| 62. Total personal property. Add lines 56 through 61 | \$ 21,400.00 | \$ 21,400.00 |
| | | |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$21,400.00 |

Case 16-36269 Doc 1 Filed 11/14/16 Entered 11/14/16 16:21:56 Desc Main

| Fill in this in | formation to identif | y your case: | |
|---------------------|--------------------------|------------------------------------|-----------------|
| Debtor 1 | Lynette | Meshelle | Heard |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States | Bankruptcy Court for the | ne : <u>NORTHERN</u> District of _ | ILLINOIS(State) |
| Case Number | | | _ |
| (If known) | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | y the Property You Claim as Exempt emptions are you claiming? Check | one only oven if your en | ouss is filing with you | |
|---------------------------|---|--------------------------------------|---|--------------------------------------|
| | | | • | |
| | ming state and federal nonbankrupto | | § 522(b)(3) | |
| | ming federal exemptions. 11 U.S.C. | § 522(b)(2) | | |
| For any property | y you list on <i>Schedule A/B</i> that yo | u claim as exempt fill in | the information below | |
| or any property | y you list on <i>ochedule A/D</i> that you | a ciaiii as exempt, iii iii | the information below. | |
| • | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | 2013 Kia Sportage with over 20,000 miles | \$ <u>16,050</u> | \$ _ 2,400 | 735 ILCS 5/12-1001(c) - \$2,400.00 |
| ine from Schedule A/B: | 03 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Furniture, linens, small appliances, table & chairs, bedroom set | \$ <u>1,200</u> | \$ | 735 ILCS 5/12-1001(b) - \$1,200.00 |
| ine from Schedule A/B: | 06 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief | TV, laptop, cell phone | | Е | 735 ILCS 5/12-1001(b) - \$150.00 |
| lescription: | | \$ <u>150</u> | \$ | |
| ine from Schedule A/B: | 07 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief escription: | Necessary wearing apparel | \$ <u>250</u> | | 735 ILCS 5/12-1001(a),(e) - \$250.00 |
| ine from | | | 100% of fair market value, up to | |
| Schedule A/B: | <u>11</u> | | any applicable statutory limit | |
| | | | | |
| icial Form 106C | Record # 721910 | Schadula C: T | he Property You Claim as Exempt | Page 1 of |

Debtor 1 Lynette

First Name

Middle Name

Last Name

| | Part 2: Addit | ional Page | | | |
|---|-------------------------|---|--------------------------------------|---|---|
| | - | on of the property and line on hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| | Brief description: | Jewelry, costume jewelry | \$ <u>250</u> | \$ | 735 ILCS 5/12-1001(b) - \$250.00 |
| | Line from Schedule A/B: | 12 | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | Checking Account, TCF Bank, 1,500.00 | \$ <u>1,500</u> | \$ | 735 ILCS 5/12-1001(b) - \$1,500.00 |
| | Line from Schedule A/B: | <u>17</u> | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | Expected 2016 income tax return | \$ <u>1,700</u> | \$ | 735 ILCS 5/12-1001(g)(1)(2)(3) - \$1,700.00 |
| | Line from Schedule A/B: | 28 | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | Whole Life Insurance Policy with United Insurance | \$_300 | \$ | 735 ILCS 5/12-1001(b) - \$300.00 |
| | Line from Schedule A/B: | 31 | | 100% of fair market value, up to any applicable statutory limit | |
| | No | acquire the property covered by th | ne exemption within 1,215 c | days before you filed this case? | |
| _ | Yes. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Official Form 1060 | Record # 721910 | Schedule C: T | he Property You Claim as Exempt | Page 2 of 2 |

| Debtor 1 | Lynette | Meshell | | ard | | | | |
|--|--|--|---|--|-----------------------------------|--|--|--|
| D-ht 0 | First Name | Middle Name | Last N | ame | | | | |
| Debtor 2 Spouse, if filing) | First Name | Middle Name | Last N | ame | | | | |
| Inited States | Bankruptcy Court for | the : <u>NORTHERN</u> | District of ILLINOIS | | | | | |
| | | | (State | e) | | | Check if thi | e ie an |
| Case Number If known) | r | | | | | | amended fi | |
| | 4000 | | | | | | amenacan | g |
| <u>ıcıaı F</u> | <u>orm 106D</u> | | | | | | | |
| ماييلمه | D. Credito | rs Who Have | Claims Secui | red by Pro | artv | | | |
| V F: | II : all af tha :fa | ation bala | | onedales. Tod na | e nothing else to | • | | |
| | II in all of the inform | | | Sileddies. Fod Ha | e nouning class is | Column A | Column A | Column |
| Part 1: List all se | List All Secured Cla | ims creditor has more tha | n one secured claim, lis | st the creditor sep | arately | | Column A Value of collateral | Column |
| List all se | List All Secured Cla cured claims. If a claim. If more than c | creditor has more that | rticular claim, list the ot | st the creditor sep her creditors in Pa | arately | Column A Amount of claim Do not deduct the | Value of collateral that supports this | Unsecu portion |
| List all se for each c As much a | cured claims. If a claim. If more than cas possible, list the | creditor has more that | rticular claim, list the ot Il order according to the | st the creditor sep her creditors in Pa creditors name. | arately urt 2. | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a | cured claims. If a claim. If more than cas possible, list the | creditor has more that | rticular claim, list the ot il order according to the Describe the proper | st the creditor sep her creditors in Pa e creditors name. ty that secures the | arately art 2. claim: | Column A Amount of claim Do not deduct the | Value of collateral that supports this | Unsecu portion |
| List all se for each c As much a | cured claims. If a claim. If more than cas possible, list the | creditor has more that | rticular claim, list the ot Il order according to the | st the creditor sep her creditors in Pa e creditors name. ty that secures the | arately art 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's | cured claims. If a claim. If more than cas possible, list the | creditor has more that | rticular claim, list the ot il order according to the Describe the proper | st the creditor sep her creditors in Pa e creditors name. ty that secures the | arately art 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na | cured claims. If a claim. If more than cas possible, list the Financial FCU | creditor has more that | rticular claim, list the ot il order according to the Describe the proper | st the creditor sep her creditors in Pa e creditors name. ty that secures the with over 20,000 r | arately urt 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street | creditor has more that one creditor has a pactains in alphabetication. | rticular claim, list the ot il order according to the Describe the propert 2013 Kia Sportage v | st the creditor sep her creditors in Pa e creditors name. ty that secures the with over 20,000 r | arately urt 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street | creditor has more that one creditor has a paclaims in alphabetical call. | Describe the propert 2013 Kia Sportage v As of the date you fi | st the creditor sep her creditors in Pa e creditors name. ty that secures the with over 20,000 r | arately urt 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street | creditor has more that one creditor has a pactains in alphabetication. | Describe the propert 2013 Kia Sportage v As of the date you fi | st the creditor sep her creditors in Pa e creditors name. ty that secures the with over 20,000 r | arately urt 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number El Segu City | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street | creditor has more that one creditor has a particular claims in alphabetical control of the contr | Describe the propert 2013 Kia Sportage v As of the date you fi Contingent Unliquidated | st the creditor sep her creditors in Pa e creditors name. ty that secures the with over 20,000 r | arately urt 2. claim: | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number El Segu City | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street | creditor has more that one creditor has a particular claims in alphabetical control of the contr | Describe the propertion of the date you fi Contingent Unliquidated Disputed | st the creditor sepher creditors in Pa e creditors name. ty that secures the with over 20,000 r | claim: niles | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number El Segucity Who owes Debtor Debtor | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street undo s the debt? Check on 1 only 2 only | creditor has more that one creditor has a particular claims in alphabetical control of the contr | As of the date you fi Contingent Unliquidated Disputed Nature of Lien. Chec | st the creditor sepher creditors in Pa e creditors name. ty that secures the with over 20,000 r | claim: niles neck all that apply. | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecu portion If any |
| List all se for each c As much a Xceed Creditor's 888 Na Number City Who owes Debtor Debtor Debtor Debtor | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street undo s the debt? Check on 1 only 2 only 1 and Debtor 2 only | creditor has more that one creditor has a particular particular claims in alphabetical claims in alphabetical claims. CA 90245 State Zip Code dec. | Describe the propert 2013 Kia Sportage v As of the date you fi Contingent Unliquidated Disputed Nature of Lien. Chect An agreement you car loan) Statutory lien (such | st the creditor sepher creditors in Pa e creditors name. ty that secures the with over 20,000 r le, the claim is: Cl ck all that apply. made (such as more | claim: niles neck all that apply. | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsection portion |
| List all se for each c As much a Xceed Creditor's 888 Na Number El Segu City Who owes Debtor Debtor Debtor Debtor | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street undo s the debt? Check on 1 only 2 only | creditor has more that one creditor has a particular particular claims in alphabetical claims in alphabetical claims. CA 90245 State Zip Code dec. | rticular claim, list the ot all order according to the Describe the propert 2013 Kia Sportage of Contingent Unliquidated Disputed Nature of Lien. Checter (Statutory lien (such Judgment lien from Judgment lien from Judgment lien from Statutory lien from Indicated Lien. | st the creditor sepher creditors in Pa e creditors name. ty that secures the with over 20,000 r le, the claim is: Cl ck all that apply. made (such as more a stax lien, mechan a lawsuit | claim: niles neck all that apply. | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsection of the section of the sect |
| List all se for each c As much a Xceed Creditor's 888 Na Number City Who owes Debtor Debtor At least | cured claims. If a claim. If more than cas possible, list the Financial FCU Name sh St Street undo s the debt? Check on 1 only 2 only 1 and Debtor 2 only | creditor has more that one creditor has a particular particular claims in alphabetical claims in alphabetical claims. CA 90245 State Zip Code dec. | Describe the propert 2013 Kia Sportage v As of the date you fi Contingent Unliquidated Disputed Nature of Lien. Chect An agreement you car loan) Statutory lien (such | st the creditor sepher creditors in Pa e creditors name. ty that secures the with over 20,000 r le, the claim is: Cl ck all that apply. made (such as more a stax lien, mechan a lawsuit | claim: niles neck all that apply. | Column A Amount of claim Do not deduct the value of collateral | Value of collateral that supports this claim | Unsection of the section of the sect |

| Fi | ll in thi | Caso 16 s information to identi | | 1 Filod 11/14/16 | Entered 11/ 9 of 5 | | :21:56 I | Desc Main | |
|---|--|---|---|--|---|--|--|--------------------|--------------------|
| _ | | Lynette | Meshelle | Heard | | | | | |
| D | ebtor 1 | First Name | Middle Name | Last Name | | | | | |
| D | ebtor 2 | | | | | | | | |
| (S | pouse, if fili | ing) First Name | Middle Name | Last Name | | | | | |
| U | nited Sta | ates Bankruptcy Court for t | he: NORTHERN Di | istrict of ILLINOIS | | | | | |
| | | | | (State) | | | | ☐Check i | f this is an |
| | ase Nur If known) | nber | | | | | | amende | |
| ∩ff | icial | Form 106E/F | = | | | | | | Ū |
| | | | _ | Unsecured Claims | | | | | 12/15 |
| List t A/B: credi needd top o | he othe <i>Proper</i> tors wi ed, cop | er party to any executory (Official Form 106A) th partially secured clays the Part you need, fidditional pages, write | ory contracts or unexp B) and on Schedule (aims that are listed in Ill it out, number the e | , , | claim. Also list exe pired Leases (Offic Claims Secured b | cutory contrac ial Form 106G) y <i>Property</i> . If m | ts on S <i>chedule</i> . Do not includ lore space is | • | |
| 1. [| Do any | creditors have priority | unsecured claims ag | gainst you? | | | | | |
| Г | ¬ No. | Go to Part 2. | | | | | | | |
| l | Yes | | | | | | | | |
| r | each cla nonprio unsecu | aim listed, identify what rity amounts. As much red claims, fill out the C | type of claim it is. If a as possible, list the clarentinuation Page of Page | for has more than one priority unsect claim has both priority and nonprior aims in alphabetical order according art 1. If more than one creditor hold structions for this form in the instruct | ity amounts, list that to the creditor's na s a particular claim, | nt claim here and me. If you have | d show both pri more than two | ority and priority | |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | IRS | Priority Debt | | Last 4 digits of account number _ | | \$. | 198.00 | \$ 198.00 | \$_0.00 |
| | Credi | tor's Name | | NA/lease area about the area area 42 | 2105 | | | | |
| | Numi | Box 7346 ber Street | | When was the debt incurred? | | | | | |
| | | | | As of the date you file, the claim is | : Check all that apply | | | | |
| | | | | Contingent | | | | | |
| | | adelphia | PA 19101 | Unliquidated | | | | | |
| | City Who o | wes the debt? Check one | State Zip Code | Disputed | | | | | |
| | Del | otor 1 only | | | | | | | |
| | Del | otor 2 only | | Type of PRIORITY unsecured clain | n: | | | | |
| | Del | otor 1 and Debtor 2 only | | Domestic support obligations | | | | | |
| | ☐ At I | east one of the debtors and | d another | Taxes and certain other debts you | owe the government | | | | |
| | Ch | eck if this claim relates | to a | _ | | | | | |
| | | mmunity debt | | Claims for death or personal injury | while you were | | | | |
| | | claim subject to offest? | | intoxicated | | | | | |
| | No | | | Other. Specify | | | | | |
| | Yes | 8 | | | | | | | |

| Debtor 1 | Lynelle | Meshelle | nearu - | Case Number (if k | (nown) | | _ |
|---------------|-------------------------------------|---------------------------------------|---|---|-------------------------------|--------------------|--------------------|
| | First Name | Middle Name | Last Name | | | | |
| Par | Your PRIORITY Unsecured | d Claims - Continu | uation Page | | | | |
| A 54 11 | | | | 1 6 . 41 | Tatal alaim | Dui a uita a | Nonnuloute |
| Atter II | sting any entries on this page, i | number tnem be | ginning with 2.3, followed by 2.4, an | a so tortn. | Total claim | Priority amount | Nonpriority amount |
| | | | | | | | 4 |
| | IRS Priority Debt | | Look & Bulko of consumbation | | \$ 2,600.00 | \$ 2,600.00 | \$ 0.00 |
| 2.2 | | | Last 4 digits of account number | | \$_2,000.00 | \$ 2,000.00 | \$ 0.00 |
| | Creditor's Name PO Box 7346 | | When was the debt incurred? | | | | |
| | Number Street | | | | | | |
| | Number Succes | | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply. | | | |
| | Philadelphia PA | 19101 | Contingent | | | | |
| | | te Zip Code | Unliquidated | | | | |
| v | Vho owes the debt? Check one. | nc zip code | Disputed | | | | |
| | Debtor 1 only | | | | | | |
| Ī | Debtor 2 only | | Type of PRIORITY unsecured claim: | | | | |
| Ī | Debtor 1 and Debtor 2 only | | Domestic support obligations | | | | |
| Ī | At least one of the debtors and and | other | Taxes and certain other debts you o | we the government | | | |
| l ř | Check if this claim relates to a | | _ | · · | | | |
| " | community debt | | Claims for death or personal injury w | hile you were | | | |
| 1 | s the claim subject to offest? | | intoxicated | • | | | |
| | No | | Other. Specify | | | | |
| | Yes | | | | | | |
| Par | List All of Your NONPRIO | ORITY Unsecured | Claims | | | | |
| | | | | | | | |
| 3. D c | any creditors have nonpriority | unsecured clair | ms against you? | | | | |
| | No. You have nothing to report | t in this part. Sub | omit this form to the court with your otl | ner schedules. | | | |
| | Yes. | | | | | | |
| | | | | L. L. I.I L. I | - d'Arra bras arras - Abras - | | |
| | | | e alphabetical order of the creditor v | | | | |
| | | · · · · · · · · · · · · · · · · · · · | tely for each claim. For each claim listed particular claim, list the other creditors | • | | • | |
| | aims fill out the Continuation Page | | particular claim, list the other creditors | s in Fait 3.11 you have more ti | nan timee nonpriority u | insecured | |
| OIC. | anno im out the continuation i agi | c or r arc z. | | | | | Total claim |
| 4.1 | Capital ONE BANK USA N | | Last 4 digits of account number | NULL | | | \$ 2,193.00 |
| 4.1 | Creditor's Name | | | | | | • |
| | 15000 Capital One Dr | | When was the debt incurred? | 2014-2016 | | | |
| | Number Street | | | | | | |
| | | | As of the date you file, the claim is: | Check all that apply | | | |
| | | | | Спеск ан тат арргу. | | | |
| | Richmond VA | 23238 | Contingent | | | | |
| | City Stat | te Zip Code | Unliquidated | | | | |
| l v | Who owes the debt? Check one. | | Disputed | | | | |
| | Debtor 1 only | | | | | | |
| [| Debtor 2 only | | Type of NONPRIORITY unsecured c | laim: | | | |
| [| Debtor 1 and Debtor 2 only | | Student loans | | | | |
| Ī | At least one of the debtors and and | other | Obligations arising out of a separation | on agreement or divorce | | | |
| 7 | Check if this claim relates to a | | that you did not report as priority cla | ims | | | |
| | community debt | | Debts to pension or profit-sharing pla | ans, and other similar debts | | | |
| <u> </u> | s the claim subject to offest? | | - | | | | |
| | No | | Other. Specify Credit Card or C | Credit Use | | | |
| | Yes | | | | | | |

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|--------------|------------|-------------------------------|----------------|-----------------------------|---------------------------|-----------|
| Debtor 1 | Lynette | Meshelle | | Доситеnt | Page 21 of 57 | |
| | First Name | Middle Name | | Last Name | | |
| Part 2: | Your | NONPRIORITY Unsecured Cla | ims - Continua | tion Page | | |
| After listin | ng anv er | ntries on this page, number t | hem beginnin | g with 4.4. followed by 4.5 | i, and so forth. | |

| After li | sting any entries on this page, number them be | ginning with 4.4, followed by 4.5, an | d so forth. | Total Claim | | | | |
|----------|--|--|------------------------------|--------------------|--|--|--|--|
| 4.2 | Comcast | Last 4 digits of account number | 1241 | \$_238.00 | | | | |
| | Creditor's Name | M/I | 2016-2016 | | | | | |
| | 800 Sw 39Th St Number Street | When was the debt incurred? | | | | | | |
| | Number Street | A confidence de la constitución de la confidencia | Object all the transfer | | | | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | | | | | | |
| | Renton WA 98057 | | | | | | | |
| | City State Zip Code | Unliquidated Disputed | | | | | | |
| ' | Who owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured c | laim: | | | | | |
| ļ | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| ! | At least one of the debtors and another | Obligations arising out of a separation | - | | | | | |
| [| Check if this claim relates to a | that you did not report as priority cla | | | | | | |
| | community debt s the claim subject to offest? | Debts to pension or profit-sharing plants | ans, and other similar debts | | | | | |
| | No | Other. Specify Collecting for Co | reditor | | | | | |
| | Yes | Carlott Opcomy | | | | | | |
| 4.3 | COMENITY BANK/Lnbryant | Last 4 digits of account number | NULL | \$ <u>178.00</u> | | | | |
| | Creditor's Name | | 2014-2016 | | | | | |
| | 4590 E Broad St | When was the debt incurred? | 2014-2010 | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | | | | |
| | Columbus OH 43213 | Contingent | | | | | | |
| | City State Zip Code | Unliquidated | | | | | | |
| \ \ \ | Who owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | | | | | | | |
| [| Debtor 2 only | Type of NONPRIORITY unsecured c | elaim: | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| [| At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | | | | | |
| [| Check if this claim relates to a | that you did not report as priority cla | ims | | | | | |
| ١. | community debt | Debts to pension or profit-sharing pl | ans, and other similar debts | | | | | |
| l i | s the claim subject to offest? No | Over dit Overday of | One distribute | | | | | |
| | Yes | Other. Specify Credit Card or C | credit Use | | | | | |
| 4.4 | COMENITY BANK/Nwyrk&Co | Last 4 digits of account number | NULL | \$ 1,821.00 | | | | |
| 7.7 | Creditor's Name | | | | | | | |
| | 220 W Schrock Rd | When was the debt incurred? | 2014-2016 | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: | Check all that apply. | | | | | |
| | | Contingent | | | | | | |
| | Westerville OH 43081 | Unliquidated | | | | | | |
| v | City State Zip Code Who owes the debt? Check one. | Disputed | | | | | | |
| 1 | Debtor 1 only | _ | | | | | | |
| l i | Debtor 2 only | Type of NONPRIORITY unsecured c | claim: | | | | | |
| l i | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| į į | At least one of the debtors and another | Obligations arising out of a separation | on agreement or divorce | | | | | |
| i | Check if this claim relates to a | that you did not report as priority cla | ims | | | | | |
| ' | community debt | Debts to pension or profit-sharing plants | ans, and other similar debts | | | | | |
| | s the claim subject to offest? | <u></u> | | | | | | |
| | ■ No | Other. Specify Credit Card or C | Credit Use | | | | | |
| | Yes | | | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| After lis | sting any entries on this page, number them b | eginning with 4.4, followed by 4.5, ar | nd so forth. | Total Claim |
|-----------|--|---|--------------------------------|------------------|
| 4.5 | Credit Acceptance | Last 4 digits of account number _ | 7993 | \$ <u>165.00</u> |
| | Creditor's Name Po Box 513 | When was the debt incurred? | 2011-08-30 | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | · Check all that annly | |
| | | Contingent | . Official trial apply. | |
| | Southfield MI 48037 | Unliquidated | | |
| | City State Zip Code | Disputed | | |
| V | /ho owes the debt? Check one. | Diopated | | |
| - | Debtor 1 only | | | |
| Ļ | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| Ļ | Debtor 1 and Debtor 2 only | Student loans | | |
| Ļ | At least one of the debtors and another | Obligations arising out of a separat | | |
| L | Check if this claim relates to a | that you did not report as priority cla | | |
| Is | community debt s the claim subject to offest? | Debts to pension or profit-sharing p | olans, and other similar debts | |
| Ì | No | Other. Specify Deficiency, Re | no'd/Surr'd Auto | |
| Ī | Yes | Other. Specify | po di cuit a riato | |
| 4.6 | Elmhurst Hospital | Last 4 digits of account number | | \$ <u>150.00</u> |
| | Creditor's Name | | | |
| | PO Box 92348 | When was the debt incurred? | | |
| | Number Street | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | |
| | | Contingent | | |
| | Chicago IL 60675 | Unliquidated | | |
| 14 | City State Zip Code Vho owes the debt? Check one. | Disputed | | |
| • | | . | | |
| F | Debtor 1 only | T (NONDDIODITY | alata. | |
| F | Debtor 2 only | Type of NONPRIORITY unsecured of Student loans | ciaim: | |
| F | Debtor 1 and Debtor 2 only | = | ion agreement or diverse | |
| Ļ | At least one of the debtors and another | Obligations arising out of a separat | | |
| L | Check if this claim relates to a community debt | that you did not report as priority cla Debts to pension or profit-sharing p | | |
| Is | s the claim subject to offest? | Debts to pension or profit-sharing p | nains, and other similar debts | |
| | No | Other. Specify Medical/Dental | Services | |
| | Yes | Other. Opeciny | | |
| 4.7 | Mcydsnb | Last 4 digits of account number _ | NULL | \$ <u>998.00</u> |
| | Creditor's Name | | 2045 2046 | |
| | 9111 Duke Blvd | When was the debt incurred? | 2015-2016 | |
| | Number Street | | | |
| | | As of the date you file, the claim is | : Check all that apply. | |
| | | Contingent | | |
| | Mason OH 45040 | Unliquidated | | |
| v | City State Zip Code /ho owes the debt? Check one. | Disputed | | |
| | Debtor 1 only | _ | | |
| Ē | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | |
| F | Debtor 1 and Debtor 2 only | Student loans | | |
| F | At least one of the debtors and another | Obligations arising out of a separat | ion agreement or divorce | |
| | Check if this claim relates to a | that you did not report as priority cla | - | |
| L | community debt | Debts to pension or profit-sharing p | | |
| Is | s the claim subject to offest? | | | |
| | No | Other. Specify Credit Card or | Credit Use | |
| [| Yes | | | |
| | | | | |

Doc 1 Filed 11/14/16 Entered 11/14/16 16:21:56 Desc Main Case 16-36269 Page 23 of 57 Case Number (if known) Document Lynette Meshelle Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Nationwide Credit & CO **\$** 150.00 Last 4 digits of account number _____ 2188 4.8

| 815 Commerce Dr Ste 270 | When was the debt incurred? 2016-2016 | |
|--|---|------------------|
| Number Street | | |
| | | |
| | As of the date you file, the claim is: Check all that apply. | |
| Oak Brook IL 60523 | Contingent | |
| | Unliquidated | |
| City State Zip Code Vho owes the debt? Check one. | Disputed | |
| Debtor 1 only | _ | |
| = | - (NONDONE) | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Medical Debt | |
| Yes | | 450.00 |
| Rush Medical Center | Last 4 digits of account number | <u>\$ 450.00</u> |
| Creditor's Name | When you the debt to your 10 | |
| 1700 W. Van Buren | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Chicago IL 60612 | Unliquidated | |
| City State Zip Code | Disputed | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Medical/Dental Services | |
| Yes | | |
| Syncb/Amazon | Last 4 digits of account number NULL | \$ <u>692.00</u> |
| Creditor's Name | | |
| Po Box 965015 | When was the debt incurred? 2014-2016 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Orlando FL 32896 | | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| _ | that you did not report as priority claims | |
| Chook if this claim relates to a | | |
| Check if this claim relates to a | | |
| Check if this claim relates to a community debt s the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| community debt | | |

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| After lis | sting any entries on this page, number them be | eginning with 4.4, followed by 4.5, ar | nd so forth. | Total Claim | | | | |
|-----------|--|---|-------------------------------|--------------------|--|--|--|--|
| 4.11 | Syncb/ASHLEY HOMESTORE | Last 4 digits of account number | NULL | \$ <u>1,616.00</u> | | | | |
| | Creditor's Name 950 Forrer Blvd | When was the debt incurred? | 2015-2016 | | | | | |
| | Number Street | THISH WAS THE UBBL HICUITEU! | | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | | | | | |
| | Kettering OH 45420 | Contingent | | | | | | |
| | Kettering OH 45420 City State Zip Code | Unliquidated | | | | | | |
| l v | /ho owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | | | | | | | |
| Ī | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | | | | | |
| ΙĒ | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| ΙĒ | At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | | | | | |
| l ř | Check if this claim relates to a | that you did not report as priority cla | aims | | | | | |
| - | community debt | Debts to pension or profit-sharing p | lans, and other similar debts | | | | | |
| Is | the claim subject to offest? | _ | | | | | | |
| | No | Other. Specify Credit Card or | Credit Use | | | | | |
| | Yes | | | | | | | |
| 4.12 | Syncb/JCP | Last 4 digits of account number | NULL | \$ <u>770.00</u> | | | | |
| | Creditor's Name | Miles and the state of the second 10 | 2013-2016 | | | | | |
| | Po Box 965007 | When was the debt incurred? | 2010 2010 | | | | | |
| | Number Street | | | | | | | |
| | - | As of the date you file, the claim is: | : Check all that apply. | | | | | |
| | Oderate FL 00000 | Contingent | | | | | | |
| | Orlando FL 32896 | Unliquidated | | | | | | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | _ | | | | | | |
| lī | Debtor 2 only | Type of NONPRIORITY unsecured | claim: | | | | | |
| l ř | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| l i | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | | | | | | |
| | Check if this claim relates to a | that you did not report as priority claims | | | | | | |
| - | community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| ls | s the claim subject to offest? | | | | | | | |
| | No | Other. Specify Credit Card or | Credit Use | | | | | |
| | Yes | | | | | | | |
| 4.13 | Syncb/OLD NAVY | Last 4 digits of account number | NULL | \$ 256.00 | | | | |
| | Creditor's Name | | 2013-2016 | | | | | |
| | Po Box 965005 | When was the debt incurred? | 2010-2010 | | | | | |
| | Number Street | | | | | | | |
| | | As of the date you file, the claim is: | : Check all that apply. | | | | | |
| | | Contingent | | | | | | |
| | Orlando FL 32896 | Unliquidated | | | | | | |
| v | City State Zip Code Vho owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | | | | | | | |
| | Debtor 2 only | Type of NONPRIORITY unsecured of | claim: | | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | | | |
| [| At least one of the debtors and another | Obligations arising out of a separati | ion agreement or divorce | | | | | |
| 7 | Check if this claim relates to a | that you did not report as priority cla | aims | | | | | |
| - | community debt | Debts to pension or profit-sharing p | lans, and other similar debts | | | | | |
| ls | s the claim subject to offest? | - | | | | | | |
| | No | Other. Specify Credit Card or | Credit Use | | | | | |
| | Yes | | | | | | | |

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| - Syriob/vvaimart | Last 4 digits of account numberNOLL | \$ 1,070.00 |
|--|---|--------------------|
| Creditor's Name | When was the debt incurred? 2015-2016 | |
| Po Box 965024 | When was the debt incurred? 2015-2016 | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Orlando FL 32896 | Unliquidated | |
| City State Zip Code ho owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | that you did not report as priority claims | |
| Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offest? | Debts to pension of profit-sharing plans, and other similar debts | |
| No | Other. Specify Credit Card or Credit Use | |
| Yes | Salah Oponiy | |
| Synchrony Bank/QVC | Last 4 digits of account number | <u>\$_400.00</u> |
| Creditor's Name | | |
| 950 Forrer Blvd. | When was the debt incurred? | |
| Number Street | | |
| | As of the date you file, the claim is: Check all that apply. | |
| | Contingent | |
| Kettering OH 45420 | Unliquidated | |
| City State Zip Code | ☐ Disputed | |
| /ho owes the debt? Check one. | | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | ☐ Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt the claim subject to offest? | Debts to pension or profit-sharing plans, and other similar debts | |
| No | Out of Credit Card or Credit Llea | |
| Yes | Other. Specify Credit Card or Credit Use | |
| TD BANK USA/Targetcred | Last 4 digits of account numberNULL | \$ 1,466.00 |
| Creditor's Name | Last 4 digits of descent finances | * |
| Po Box 673 | When was the debt incurred? 2015-2016 | |
| Number Street | | |
| | As of the date you file the plain is. Cheek all that apply | |
| | As of the date you file, the claim is: Check all that apply. | |
| Minneapolis MN 55440 | Contingent | |
| City State Zip Code | Unliquidated | |
| Who owes the debt? Check one. | Disputed | |
| Debtor 1 only | | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | Student loans | |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| Check if this claim relates to a | that you did not report as priority claims | |
| community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offest? | | |
| No | Other. Specify Credit Card or Credit Use | |
| Ves | | |

| Debtor 1 | Lynette First Name Your | Case 16-36269 Meshelle Middle Name | | Last Name | Entered 11/14/16 16:21:56 Page 26 of 57 Case Number (if known) | Desc Main |
|-----------|-------------------------|--------------------------------------|--------------|------------------------------|--|-----------|
| After lis | ting any er | ntries on this page, number | hem beginnii | ng with 4.4, followed by 4.5 | 5, and so forth. | To |
| 4.17 | Value Auto | | _ Las | st 4 digits of account numbe | r | \$_ |

| After lis | ting any entries on this page, number them | beginning with 4.4, fo | ollowed by 4.5, ar | nd so forth. | | Total Claim |
|------------|--|------------------------|--------------------------|-------------------------|---|---------------------|
| 4.17 | Value Auto Mart | Last 4 digits of a | ccount number _ | | | \$ <u>11,100.00</u> |
| | Creditor's Name | | | | | |
| | PO Box 1817 | When was the de | ebt incurred? | | | |
| | Number Street | | | | | |
| | | _ | ou file, the claim is | : Check all that apply | | |
| | Evanston IL 60204 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| <u>w</u> | ho owes the debt? Check one. | Disputed | | | | |
| L | Debtor 1 only | | | | | |
| Ļ | Debtor 2 only | | ORITY unsecured | claim: | | |
| L | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | | - | ion agreement or divo | rce | |
| L | Check if this claim relates to a | | t report as priority cla | | - 4-64- | |
| Is | community debt the claim subject to offest? | Debts to pension | on or profit-sharing p | plans, and other simila | r debts | |
| Ĭ | No | Other Specify | Deficiency, Rep | no'd/Surr'd Auto | | |
| | Yes | Other. Specify | | po ar o ar r a r r a r | | |
| 4.18 | Webbank/Fingerhut | Last 4 digits of a | ccount number _ | NULL | | \$ <u>2,615.00</u> |
| | Creditor's Name | | | 2013-2016 | | |
| | 6250 Ridgewood Rd | When was the de | ebt incurred? | 2013-2010 | • | |
| | Number Street | | | | | |
| | | As of the date yo | ou file, the claim is | : Check all that apply | | |
| | Saint Cloud MN 56303 | Contingent | | | | |
| | City State Zip Code | Unliquidated | | | | |
| W | ho owes the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | Type of NONPRI | ORITY unsecured | claim: | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations aris | sing out of a separat | ion agreement or divo | orce | |
| | Check if this claim relates to a | | t report as priority cla | | | |
| le | community debt the claim subject to offest? | Debts to pension | on or profit-sharing p | plans, and other simila | r debts | |
| | No | Other Cresif. | Credit Card or | Credit Use | | |
| Ī | Yes | Other. Specify | Orean Cara or | Orean Ose | | |
| Do-1 | | at You Already Listed | | | | |
| Part | 3: | | | | | |
| | this page only if you have others to be notified | | | | | |
| | mple, if a collection agency is trying to collect the list the collection agency here. Similarly, if | | | | | |
| | itional creditors here. If you do not have additional | - | - | - | | |
| Cle | rk, First Mun Div | | | | | |
| | <u> </u> | | On which entry | in Part 1 or Part 2 | list the original creditor? | |
| Nam 50 | e W. Washington St., Rm. 1001 | | Line17 of | (Check one): | Part 1: Creditors with Priority Unsecured Cla | aims |
| Num | | | | , | Part 2: Creditors with Nonpriority Unsecured | |
| INUII | Dei Stieet | | | | 1 art 2. Creditors with Nonphority Onsecured | Ciairis |
| | | | | | | |
| Chi | cago | IL 60602 | Last 4 digits of | account number _ | | |
| City | \$ | State Zip Code | - | | | |
| | 15.1 | | | | | |
| Pai | Il D. Lawent | | On which entry | in Part 1 or Part 2 | list the original creditor? | |
| Nam P C | e). Box 5718 | | Line17 of | (Check one) | Part 1: Creditors with Priority Unsecured Cla | aims |
| | | | 20 0. | (677667, 6776). | Part 2: Creditors with Nonpriority Unsecured | |
| Num | ber Street | | | | Fait 2: Creditors with Nonpriority Unsecured | I CIdIIIIS |
| | | | | | | |
| Elg | in | IL 60121 | Last 4 digits of | account number _ | | |
| City | | State Zip Code | 5 | _ | _ | |
| | | · | | | | |

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Debtor 1 Lynette

Meshelle

Add the Amounts for Each Type of Unsecured Claim

Доситеnt

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Middle Name

| ı | 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. \S 159. |
|---|----|---|--|
| l | | Add the amounts for each type of unsecured claim. | |

| | | | Total claim |
|--------------|---|------------|-------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$0.00 |
| | 6b. Taxes and Certain other debts you owe the government | 6b. | \$ |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$0.00 |
| nom Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | Cidillis | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other | 6h. 6i. | \$ |

| | | Caso 16 | 36260 Doc 1 E | ilod 11/1//16 | Entor | ed 11/14/16 | 16:21:56 | Desc Main | |
|--------------------------|---|---|--|---|----------------------------|------------------------|-------------------|---------------|-------|
| Fil | ll in this in | formation to iden | tify your case: | | | 8 of 57 | | | |
| De | ebtor 1 | Lynette | Meshelle | Heard | | | | | |
| De | ebtor 2 | First Name | Middle Name | Last Name | | | | | |
| (Sp | oouse, if filing) | First Name | Middle Name | Last Name | | | | | |
| Uı | nited States | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of <u>l</u> | | | | | _ | |
| | ase Number f known) | | | (State) | | | | Check if this | |
| | | orm 106G | | | | J | | amended filir | ng |
| | | orm 106G | ory Contracts and I | Inovaired Loc | | | | | 12/15 |
| Be as nforr additi | complete nation. If n onal page: o you hav | and accurate as nore space is need s, write your nam e any executory | possible. If two married people eded, copy the additional page, see and case number (if known). contracts or unexpired leases? | are filing together, bot fill it out, number the e | h are equal ntries, and | attach it to this page | . On the top of a | ny | |
| | Yes. Fill | I in all of the inforr | mation below even if the contract | s or leases are listed in | Schedule A | VB: Property (Official | Form 106A/B) | | |
| e | | nt, vehicle lease, | or company with whom you have cell phone). See the instructions | | | | | | |
| | Person or | company with w | hom you have the contract or le | ase | | State what the | contract or lease | e is for | |
| 2.1 | | | | | _ | | | | |
| | Name | | | | _ | | | | |
| | Number | Street | | | | | | | |
| | City | | State Zip C | ode | - | | | | |
| 2.2 | | | | | | | | | |
| | Name | | | | = | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip C | code | _ | | | | |
| 2.3 | | | | | | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | _ | | | | |
| | City | | State Zip C | code | - | | | | |
| 2.4 | | | | | _ | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | - | | | | |
| | City | | State Zip C | code | _ | | | | |
| 2.5 | | | | | _ | | | | |
| | Name | | | | | | | | |
| | Number | Street | | | _ | | | | |

State Zip Code

City

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| Fill in this in | Fill in this information to identify your case: | | | | |
|---------------------|---|-------------------------------------|-----------|--|--|
| Debtor 1 | Lynette | Meshelle | Heard | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | | | |
| Case Number | r | | (State) | | |
| (If known) | | | | | |

Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any Additional Pages, write your name and case number (if known). Answer every question. | | | | | | | | |
|--|--|--|-----------------------------------|------------------|--|--|--|--|
| 1. D | 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) | | | | | | | |
| | □ No. | | | | | | | |
| | Yes | | | | | | | |
| | 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Lousiiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) | | | | | | | |
| | No. Go to line | e 3. | | | | | | |
| | | r spouse, former spouse, or leg | al equivalent live with you at th | ne time? | | | | |
| | ∐ No □ Yes Inw | which community state or territor | ry did you live? | Fill in | the name and current address of that person. | | | |
| | | viion community state or territor | y did you live: | | the name and carrent address of that person. | | | |
| | Name of you | ur spouse, former spouse or legal equivale | ent | | | | | |
| | Number | Street | | | | | | |
| | City | | State | Zip Code | | | | |
| | = | Schedule G to fill out Column | | hedule G (Offici | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | | |
| 3.1 | Dejah Dokes | | | | Schedule D, line | | | |
| | Name 343 Calhoun | Avenue | | | Schedule E/F, line18 | | | |
| | Number Calumet City | Street | IL | 60409 | Schedule G, line | | | |
| | City | | State | Zip Code | | | | |
| 3.2 | | | | | Schedule D, line | | | |
| | Name | | | | Schedule E/F, line | | | |
| | Number | Street | | | Schedule G, line | | | |
| | City | | State | Zip Code | | | | |
| 3.3 | | | | | Schedule D, line | | | |
| | Name | | | | Schedule E/F, line | | | |
| | Number | Street | | | Schedule G, line | | | |
| | City | | State | Zip Code | | | | |

Official Form 106H Record # 721910 Schedule H: Your Codebtors Page 1 of 1

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| | | | Jocument | Page 30 | 0T 5 / |
|---------------------|----------------------|-----------------------------------|--------------------|---------|--|
| Fill in this ir | nformation to identi | fy your case: | | | |
| Debtor 1 | Lynette First Name | Meshelle Middle Name | Heard Last Name | | |
| Debtor 2 | - IIST Name | wildle Name | Last Name | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for | the : <u>NORTHERN DISTRICT OI</u> | F ILLINOIS | | |
| Case Numbe | r | | _ | | Check if this is: |
| (II KIIOWII) | | | | | An amended filing |
| | | | | | A supplement showing post-petition chapter 13 income as of the following date: |
| <u>Official F</u> | orm 106I | | | | MM / DD / YYYY |
| | | | | | |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Tt 1: Describe Employment | | | | |
|----|--|-------------------------------------|---------------------------|--------------|-----------------------------------|
| 1. | Fill in your employment information | | Debtor 1 | | Debtor 2 or non-filling spouse |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | X Employed Not employed | | Employed Not employed |
| | Include part-time, seasonal, or self-employed work. | Occupation | Telecommunication | ons | |
| | Occupation may Include student or homemaker, if it applies. | Employers name Employers address | Rush University N | | |
| | | | Chicago, IL 60612 | | , |
| | | How long employed there? | 16 years | | |
| Pa | rt 2: Give Details About Month | ly Income | | | |
| | Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has lines below. If you need more space | • • | ine the information for a | | · |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| 2. | List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | | | \$2,919.08 | \$0.00 |
| 3. | 3. Estimate and list monthly overtime pay. | | | \$0.00 | \$0.00 |
| 4. | Calculate gross income. Add line | e 2 + line 3. | | \$2,919.08 | \$0.00 |

 Official Form 106I
 Record # 721910
 Schedule I: Your Income
 Page 1 of 2

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Document Lynette Meshelle Debtor 1 Case Number (if known)

Last Name

First Name

Middle Name

| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|-------------|--------------|---|--------------|---|-----------------------------------|-----------------------|
| | Copy | y line 4 here | 4. | \$2,919.08 | \$0.00 | |
| 5. I | ist all | payroll deductions: | | | | |
| | 5a. T | Tax, Medicare, and Social Security deductions | 5a. _ | \$553.02 | \$0.00 | |
| | 5b. N | Mandatory contributions for retirement plans | 5b. | \$0.00 | \$0.00 | |
| | 5c. V | oluntary contributions for retirement plans | 5c | \$0.00 | \$0.00 | |
| | 5d. F | Required repayments of retirement fund loans | 5d. | \$0.00 | \$0.00 | |
| | 5e. I | nsurance | 5e. | \$156.93 | \$0.00 | |
| | 5f. C | Domestic support obligations | 5f. | \$0.00 | \$0.00 | |
| | 5g. L | Jnion dues | 5g. | \$0.00 | \$0.00 | |
| | 5h. C | Other deductions. Specify: | 5h. | \$0.00 | \$0.00 | |
| 6. A | dd the | payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h. | 6. | \$709.95 | \$0.00 | |
| 7. C | alcula | te total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$2,209.13 | \$0.00 | |
| 8. L | ist all | other income regularly received: | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | |
| | | profession, or farm | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | |
| | | monthly net income. | 8a. | \$0.00 | \$0.00 | |
| | 8b. | Interest and dividends | 8b. | \$0.00 | \$0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a | 8c. | \$ 0.00 | \$ 0.00 | |
| | | dependent regularly receive | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | | | | |
| | | settlement, and property settlement. | | | | |
| | 8d. | Unemployment compensation | 8d. | \$0.00 | \$0.00 | |
| | 8e. | Social Security | 8e. | \$0.00 | \$0.00 | |
| | 8f. | Other government assistance that you regularly receive | 8f | \$0.00 | \$0.00 | |
| | | Include cash assistance and the value (if known) of any non-cash | | | | |
| | | assistance that you receive, such as food stamps (benefits under the | | | | |
| | | Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | | | |
| | 8g. | Pension or retirement income | 8g. | \$0.00 | \$0.00 | |
| | 8h. | Other monthly income. Specify: | 8h. | \$0.00 | \$0.00 | |
| 9. | Add | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$0.00 | \$0.00 | |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 10. | | ulate monthly income. Add line 7 + line 9. | 10. | \$2,209.13 + | \$0.00 | \$2,209.13 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | _ | | | |
| 11. | Inclu | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. | our dependen | | | |
| | | ot include any amounts already included in lines 2-10 or amounts that are noify: | | | | 11. \$0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Column 11. | | • | applies | 12. \$2,209.13 |
| 13. | - | ou expect an increase or decrease within the year after you file this form | 1? | | | |
| | X | | | | | |
| | П, | Yes. Explain: | | | | |

| Fill in this i | information to identify ye | our case: | | | | |
|---------------------------------|--|-----------------------------------|--------------------------------|---|---------------------------------------|-------------------------------|
| Debtor 1 | Lynette | Meshelle | Heard | Check if this is: | | |
| | First Name | Middle Name | Last Name | An amende | ū | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | ent showing pos of the following o | t-petition chapter 13 |
| United State | s Bankruptcy Court for the : | NORTHERN DISTRICT OF | - ILLINOIS | | | |
| Case Numbe | er | | _ | MM / DD / ` | YYYY | |
| | | | | A separate | filing for Debtor | 2 because Debtor 2 |
| Official F | Form 106J | | | maintains a | separate house | ehold. |
| Schedu | le J: Your Ex | penses | | | | 12/14 |
| more space is question. | needed, attach another | sheet to this form. On th | | n are equally responsible for supplyi ages, write your name and case num | = | |
| | Describe Your Household | | | | | |
| 1. Is this a jo | Go to line 2. | | | | | |
| Yes. | Does Debtor 2 live in a | separate household? | | | | |
| _ | No. | | | | | |
| | Yes. Debtor 2 mus | st file a separate Schedule | Э J. | | | |
| 2. Do you | have dependents? | X No | | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not Debtor | list Debtor 1 and 2. | | this information for lent | 2000-1-01-2000-1-2 | | X No |
| Do not | state the dependents' | | | | | Yes |
| names. | · | | | | | X No |
| | | | | | | Yes |
| | | | | | | X No |
| | | | | | | Yes |
| | | | | | | Yes |
| | | | | | | X No |
| | | | | | | Yes |
| | r expenses include | X No | | | | |
| | es of people other than If and your dependents? | Yes | | | | |
| Part 2: | Estimate Your Ongoing M | lonthly Expenses | | | | |
| Estimate you | r expenses as of your ba | ankruptcy filing date unle | ess you are using this for | rm as a supplement in a Chapter 13 o | case to report | |
| expenses as the applicable | | uptcy is filed. If this is a | supplemental <i>Schedule</i> . | J, check the box at the top of the form | n and fill in | |
| Include expe | nses paid for with non-c | ash government assistar | = | | | |
| of such assis | tance and have included | d it on <i>Schedule I: Your I</i> | ncome (Official Form 106 | 61.) | | Your expenses |
| | _ | expenses for your reside | nce. Include first mortgag | ge payments and | | \$200.00 |
| | nt for the ground or lot. | | | | 4. | \$800.00 |
| | eal estate taxes | | | | 4a. | \$0.00 |
| | roperty, homeowner's, or | renter's insurance | | | 4a. 4b. | \$0.00 |
| | ome maintenance, repair | | | | 4c. | \$0.00 |
| | omeowner's association | | | | 4d. | \$0.00 |
| | | | | | | |

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Debtor 1 Lynette Meshelle Document Heard Page 33 of 57
Case Number (if known) _

| | Your expenses | |
|--------------|---------------|---------|
| 5. | \$0 | 0.00 |
| | | |
| 6a. | \$100 | 0.00 |
| 6b. | \$0 | 0.00 |
| 6c. | \$245 | 5.00 |
| 6d. | \$ 0 | 0.00 |
| 7. | \$225 | 5.00 |
| 8. | \$0 | 0.00 |
| 9. | \$90 | 0.00 |
| 10. | \$20 | 0.00 |
| 11. | \$45 | 5.00 |
| 12. | \$114 | 4.00 |
| 13. | \$50 | 0.00 |
| 14. | \$0 | 0.00 |
| | | |
| | | |
| 15a. | \$58 | 8.00 |
| 15b. | \$0 | 0.00 |
| 15c. | \$88 | 8.00 |
| 15d. | \$0 | 0.00 |
| | | |
| 16. | \$0 | 0.00 |
| | | |
| 17a. | \$365 | 5.00 |
| 17b. | \$0 | 0.00 |
| 17c. | \$0 | 0.00 |
| 17d. | \$0 | 0.00 |
| ted | | |
| 18. | \$0 | 0.00 |
| | | |
| 19. | \$0 | 0.00 |
| Your Income. | | |
| 20a. | \$ (| 0.00 |
| 20b. | | 0.00 |
| 20c. | \$ 0 | 0.00 |
| 20d. | \$ 0 | 0.00 |
| | | 0.00 |
| | 20e. | 20e. \$ |

Official Form 106J Record # 721910 Schedule J: Your Expenses

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Heard Page 34 of 57

Case Number (if known)

Lynette Meshelle Debtor 1 Case Number (if known) _ First Name Middle Name Last Name \$5.00 21. Other. Specify: ___Postage/Bank Fees (\$5.00), 21. \$2,205.00 22.. Your monthly expense: Add lines 4 through 21. 22. The result is your monthly expenses. 23. Calculate your monthly net income. \$2,209.13 23a. 23a. Copy line 12 (your comibined monthly income) from Schedule I. \$2,205.00 23b. Copy your monthly expenses from line 22 above. 23b.-\$4.13 23c. Subtract your monthly expenses from your monthly income. 23c. The result is your monthly net income. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? X No Explain Here: Yes.

Official Form 106J Record # 721910 Schedule J: Your Expenses Page 3 of 3

Official Form 106 Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|---|---|
| Did you pay or agree to pay someone who is NOT | an attorney to help you fill out bankruptcy forms? |
| No | |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| Under papelty of parium, I dealers that I have read | the summary and schedules filed with this declaration and that they are true and |
| correct. | the summary and schedules med with this declaration and that they are true and |
| ★ /s/ Lynette Meshelle Heard | x |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date _ 11/12/2016 | Date |
| MM / DD / YYYY | MM / DD / YYYY |
| | |

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| Fill in this information to identify your case: | | | | | | | |
|--|------------|-------------|-----------|--|--|--|--|
| Debtor 1 | Lynette | Meshelle | Heard | | | | |
| Debior | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the : <u>NORTHERN</u> _ District of _ <u>ILLINOIS</u> | | | | | | | |
| Case Number | r | | (State) | | | | |
| (If known) | | | _ | | | | |
| | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| number (if known). Answer every question. | | | | | | | |
|---|--|-------------------------------|---------------------------------------|----------------------------|--|--|--|
| Part 1: Give Details About Your Marital Status and Where You Lived Before | | | | | | | |
| 01. What is your current marital status? | | | | | | | |
| _ | Married | | | | | | |
| _ | Not married | | | | | | |
| | Not married | | | | | | |
| 02 Dui | 02 During the last 3 years, have you lived anywhere other than where you live now? | | | | | | |
| | No. | | | | | | |
| | Yes. List all of the places you lived in the last 3 years. | ears. Do not include where y | ou live now. | | | | |
| | | | | | | | |
| | Debtor 1 | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there | | | |
| | | | Same as Debtor 1 | Same as Debtor 1 | | | |
| | 228 Des Plaines Ave | FROM 11/2012 | | | | | |
| | Forest Park IL 60130-1222 | To 07/2015 | | | | | |
| | | | | | | | |
| | | | | | | | |
| 03 Wit | hin the last 8 years, did you ever live with a spo | ouse or legal equivalent in a | community property state or territory | ? (Community | | | |
| | perty states and territories include Arizona, Ca Wisconsin.) | lifornia, Idaho, Louisiana, N | evada, New Mexico, Puerto Rico, Texa | s, Washington, | | | |
| _ | No. | | | | | | |
| _ | Yes. Make sure you fill out Schedule H: Your Cod | debtors (Official Form 106H). | | | | | |
| | | | | | | | |
| | | | | | | | |
| Part 2 | Explain the Sources of Your Income | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

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Debtor 1 Lynette Meshelle Heard Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, \$30,987 Wages, commissions, From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$41,233 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2015) Operating a business Operating a business Wages, commissions, Approx. \$43,000 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2014) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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| ebtor 1 | Lynette | Meshelle | Heard | | Case Number (if known) | |
|-------------|--|--|-----------------------|-----------------------------|-----------------------------|--|
| | First Name | Middle Name | Last Name | | | |
| 06 A | re either Debtor 1's or | Debtor 2's debts primarily co | nsumer debts? | | | |
| | _ | | | | | |
| | _ | 1 nor Debtor 2 has primarily co | | | ined in 11 U.S.C. § 101(8) | as |
| | - | individual primarily for a person | - | • • | 225* or more? | |
| | During the 90 d | ays before you filed for bankrup | ncy, did you pay ar | ny creditor a total of \$6, | ,225 Of More? | |
| | ☐ No. Go to I | ine 7. | | | | |
| | | | | | | |
| | Yes. List be | elow each creditor to whom you | paid a total of \$6,2 | 225* or more in one or | more payments and the | |
| | | nt you paid that creditor. Do not | | • • | - | |
| | | ort and alimony. Also, do not incl ent on 4/01/16 and every 3 yea | | • | · · | |
| | cabjest to adjustif | on the first to did every o year | ro anor mat for oat | see med on or diter the | acto or adjustment. | |
| | Yes. Debtor 1 or D | ebtor 2 or both have primarily | consumer debts. | | | |
| | During the 90 | days before you filed for bankru | ptcy, did you pay a | any creditor a total of \$6 | 600 or more? | |
| | ☐ No. Go to I | ine 7. | | | | |
| | Yes List he | elow each creditor to whom you | naid a total of \$60 | IO or more and the total | amount you paid that | |
| | · | not include payments for dome | | | | |
| | alimony. Al | so, do not include payments to | an attorney for this | bankruptcy case. | | |
| | | | | | | |
| | | | Dates of | Total amount paid | d Amount you stil | I owe Was this payment for |
| | | | payments | | | |
| | | | | | | |
| | Xceed | Financial FCU 888 Nash | Monthly | \$ 1,092 | \$ 17,192 | Mortgage |
| | St El S | Segundo CA 90245 | | | | Car |
| | | | | | | ☐ Credit card ☐ Loan repayment |
| | | | | | | Suppliers or vendors |
| | | | | | | Other |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | i filed for bankruptcy, did you ma | | | | and an arthur are |
| | | atives; any general partners; rela u are an officer, director, persor | | | | |
| | | a business you operate as a sol | e proprietor. 11 U. | S.C. § 101. Include pay | yments for domestic suppo | ort obligations, |
| | ıch as child support an ■ | u allinoriy. | | | | |
| | No. Yes. List all paymen | to to an incider | | | | |
| L | Tes. List all paymen | is to all ilisider. | Dates of | Total amount | Amount you still | Reason for this payment |
| | | | payment | paid | owe | pay |
| | | | | | | |
| | ritnin 1 year before you 1 insider? | ı filed for bankruptcy, did you ma | ake any payments | or transfer any property | y on account of a debt that | Denetited |
| In | clude payments on de | bts guaranteed or cosigned by a | an insider. | | | |
| | No. | | | | | |
| | Yes. List all paymen | ts to an insider. | | | | |
| | | | Dates of | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | | | payment | paiu | owe | include creditor 5 flame |
| Part | Identify Legal a | ctions, Repossessions, and Fore | closures | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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| Debtor | 1 Lynette | Meshelle | Heard | Case Number (if known) | | |
|-------------|--------------------------------------|--|---|--|----------------|------------------------|
| | First Name | Middle Name | Last Name | | | |
| l | | cluding personal injury cases | ou a party in any lawsuit, court acti, , small claims actions, divorces, col | on, or administrative proceeding? lection suits, paternity actions, suppo | rt or custody | |
| | ☐ No. | | | | | |
| | Yes. Fill in the detail | ls. | | | | |
| | | | Nature of the case | Court or agency | | Status of the case |
| | Value Auto Mart Ir | nc VS Lynette Heard | Debt Collection | Circuit Court of Cook County, Illino | is | Pending |
| | CASE NUMBER# | 13M1100063 | | | | On appeal |
| | | | | | | Concluded |
| | | | | | | _ |
| | | | | | | |
| | | u filed for bankruptcy, was ar d fill in the details below. | y of your property repossessed, for | reclosed, garnished, attached, seized | , or levied? | |
| | No. Go to line 11 | | | | | |
| | Yes. Fill in the inform | mation below. | | | | |
| | | | | | | |
| | • | you filed for bankruptcy, did yment because you owed a | | financial institution, set off any am | ounts from | your accounts |
| | No. Go to line 11 | | | | | |
| | Yes. Fill in the inform | mation below. | | | | |
| | | | | ssion of an assignee for the benefit | of creditors | , a |
| | _ | er, a custodian, or another o | official? | | | |
| | No. Yes. | | | | | |
| L | res. | | | | | |
| Pa | List Certain Gif | its and Contributions | | | | |
| 13 \ | Within 2 years before y | ou filed for bankruptcy, did | you give any gifts with a total val | ue of more than \$600 per person? | | |
| | No. | | | | | |
| | — ☐ Yes. Fill in the detai | ls for each gift. | | | | |
| 14 | — Within 2 years before y | ou filed for bankruptcy, did | you give any gifts or contribution | s with a total value of more than \$6 | 00 to any ch | narity? |
| | No. | | | | | |
| | Yes. Fill in the detai | ls for each gift. | | | | |
| | <u> </u> | · · | | | | |
| Pa | List Certain Lo | sses | | | | |
| | Within 1 year before yo | ou filed for bankruptcy or si | nce you filed for bankruptcy, did y | ou lose anything because of theft, | fire, other di | saster, or |
| | - | | | | | |
| | ∐ No. ■ | | | | | |
| | Yes. Fill in the detail | ls for each gift. | | | | |
| | Describe the prope the loss occurred | rty you lost and how | Describe any insurance cover Include the amount that insura | _ | e of your s | Value of property lost |
| | Furniture/Clothes I | ost to flood and bed | None | June | 2016 | Approx. \$3,000 |
| | bugs | | | | | replacement value |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Pa | List Certain Pa | yments or Transfers | | | | |
| 16 | Within 1 year before yo | ou filed for bankruptcy, did | you or anyone else acting on you | behalf pay or transfer any property | to anyone y | you |
| | | ng bankruptcy or preparing | | | | |
| ' | nclude any attorneys, | pankruptcy petition prepare | ers, or credit counseling agencies | for services required in your bankr | иртсу. | |
| | | | | | | |

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Lynette Meshelle Heard Case Number (if known) _ First Name Middle Name Last Name ∏ No. Yes. Fill in the details **Party Contact Info** Date payment Description and value of any property transferred Amount of payment or transfer Geraci Law L.L.C. \$1,200.00 55 E. Monroe Street #3400 Chicago,IL 60603 **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services \$10.00 CC Advising, Inc. 2016 703 Washington Ave Suite 200 Bay City, MI 48708 17 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, instrument closing or transfer or transferred

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| eptc | or 1 | <u> </u> | Meshelle | neaiu | Case Number (If known) _ | |
|------|-------------------|--|--|---|--|-----------------------|
| | | First Name | Middle Name | Last Name | | |
| 21 | | you now have, or d h, or other valuable | | ear before you filed for bankruptcy, a | ny safe deposit box or other depositor | y for securities, |
| | | No. | | | | |
| | | Yes. Fill in the detail | ils. | | | |
| | | | | Who else had access to it? | Describe the contents | Do you still have it? |
| 22 | ⊔ _{av} | o vou stored prop | orty in a storago unit o | er place other than your home within 1 | year before you filed for bankruptcy? | |
| | | No. | | n place other than your nome within i | year before you med for bankruptcy? | |
| | Ц | Yes. Fill in the detai | IIS. | Who else has or had access to it? | Describe the contents | Do you still have it? |
| | | Identify Proper | ty You Hold or Control | for Someone Else | | |
| | art 9 | incining i reper | ., | | | |
| 23 | for s | someone. | l any property that sor | neone else owns? Include any proper | ty you borrowed from, are storing for, | or hold in trust |
| | = | No. | _ | | | |
| | Ц | Yes. Fill in the detai | IIS. | When is the appropriate | Describe the manager | Webse |
| | | | | Where is the property? | Describe the property | Value |
| Da | art 10 | Give Details Al | oout Environmental Info | ermation | | |
| | | | | | | |
| For | tne | purpose of Part 10, | , the following definition | ons apply: | | |
| | haza | rdous or toxic sub | stances, wastes, or m | or local statute or regulation concerni aterial into the air, land, soil, surface with the cleanup of these substances, was | | of |
| | | - | n, facility, or property ate, or utilize it, includ | = | aw, whether you now own, operate, or | utilize |
| | | | | onmental law defines as a hazardous ntaminant, or similar term. | waste, hazardous substance, toxic | |
| Rep | ort a | all notices, releases | s, and proceedings tha | at you know about, regardless of wher | n they occurred. | |
| · | | • | | | under or in violation of an environme | ntal law? |
| | | No. | | | | |
| | $\overline{\Box}$ | Yes. Fill in the detai | ils. | | | |
| | | | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | | | |
| 25 | Hav | e you notified any | governmental unit of | any release of hazardous material? | | |
| | | No. | | | | |
| | | Yes. Fill in the detai | ils. | | | |
| | | | | Governmental unit | Environmental law, if you know it | Date of notice |
| 26 | Hav | e vou been a partv | in any iudicial or adm | ninistrative proceeding under any envi | ironmental law? Include settlements a | nd orders. |
| | _ | | , j | gg | | |
| | _ | No. | | | | |
| | Ц | Yes. Fill in the detai | IIS. | Occupation and an arrangement | Natura aftha ann | Otation of the con- |
| | | | | Court or agency | Nature of the case | Status of the case |
| Pa | rt 11 | Give Details At | oout Your Business or C | onnections to Any Business | | |
| | | | | <u> </u> | | |
| 27 | Witi | _ ` | • | | y of the following connections to any | business? |
| | | | · - | a trade, profession, or other activity, | · · · · · · · · · · · · · · · · · · · | |
| | | = | | iny (LLC) or limited liability partnershi | p (LLP) | |
| | | A partner in a p | • | | | |
| | | An officer, direct | ctor, or managing exe | cutive of a corporation | | |
| | | An owner of at | least 5% of the voting | or equity securities of a corporation | | |
| | | | | | | |

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| | Lymotto | Machalla | Document | Paye 42 01 57 |
|--------------|-------------------------|---------------------------------|-----------------------------|--|
| Debtor 1 | Lynette First Name | Meshelle Middle Name | Heard Last Name | Case Number (if known) |
| | T HOL TRAINE | madio Namo | Eddt Namo | |
| | No. None of the abo | ve applies. Go to Part 12. | | |
| | Yes. Check all that a | apply above and fill in the det | ails below for each busine | ess. |
| | | | | |
| 28 Wi | thin 2 vears before v | ou filed for bankruptcy, did | vou give a financial stat | ement to anyone about your business? Include all financial |
| | stitutions, creditors, | | | |
| | No. | | | |
| ┌ | Yes. Fill in the detail | ls. | | |
| | | Date is | sued | |
| Part 12 | 2. Sign Below | | | |
| . art r | 3igii Below | | | |
| × | /s/ Lynette Mesh | ollo Hoard | × | |
| ~ | Signature of Debtor | | | ture of Debtor 2 |
| | g | | 9 | |
| | Date 11/12/2016 | | Data | |
| | MM / DD / | YYYY | Date | MM / DD / YYYY |
| | | | | |
| Did v | vou attach additiona | I pages to Your Statement of | of Financial Affairs for In | dividuals Filing for Bankruptcy (Official Form 107)? |
| _ | | . • | | |
| _ | No | | | |
| | Yes | | | |
| Did v | vou nav or agree to i | pay someone who is not an | attorney to help you fill | out bankruntcy forms? |
| 5.0 | you pay or agree to | pay comocne who is not an | attorney to notp you im | satisfaction forms. |
| | No | | | |
| | Yes. Name of perso | n | | Attach the Bankruptcy Petition Preparer's Notice, |
| | | | | Declaration, and Signature (Official Form 119). |

Entered 11/14/16 16:21:56 Desc Main Fill in this information to identify your case: Meshelle Heard Lynette Debtor 1 Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the : <u>NORTHERN DISTRICT OF ILLINOIS EASTERN</u> DIVISION District of ILLINOIS Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

List Your Creditors Who Have Secured Claims

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? ☐ Surrender the property No Creditor's name: **Xceed Financial FCU** Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of 2013 Kia Sportage with over 20,000 miles Reaffirmation Agreement. property securing debt: Retain the property and [explain]: ____ ☐ Surrender the property □ No Creditor's name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: □ No Creditor's ☐ Surrender the property name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: securing debt: Creditor's Surrender the property ☐ No name: Retain the property and redeem it ☐ Yes Retain the property and enter into a Description of Reaffirmation Agreement. property Retain the property and [explain]: ____ securing debt:

Lynette

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List Your Unexpired Personal Property Leases

| For any unexpired personal property lease that you listed in Sch | edule G: Executory Contracts and Unexpired Leases (Official Form 10 | 06G). |
|---|---|----------------------------|
| | ired leases are leases that are still in effect; the lease period has not y | |
| ended. You may assume an unexpired personal property lease if | | |
| | | |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| | | Yes |
| Description of leased | | ☐ res |
| property: | | |
| | | |
| Lessor's name: | | □ No |
| | | Yes |
| Description of leased | | |
| property: | | |
| | | |
| Lessor's name: | | No . |
| Description of learned | | Yes |
| Description of leased property: | | |
| p.opolity. | | |
| Lessor's name: | | □No |
| | | □Yes |
| Description of leased | | Птез |
| property: | | |
| | | |
| Lessor's name: | | □No |
| | | □Yes |
| Description of leased | | |
| property: | | |
| Lessor's name: | | □No |
| Lessoi s name. | | _ |
| Description of leased | | ☐Yes |
| property: | | |
| | | |
| Lessor's name: | | □ No |
| | | Yes |
| Description of leased | | |
| property: | | |
| | | |
| Part 3: Sign Below | | |
| | | |
| Inder penalty of perjury, I declare that I have indicated my intention | on about any property of my estate that secures a debt and any | |
| personal property that is subject to an unexpired lease. | | |
| A | | |
| ★ /s/ Lynette Meshelle Heard Signature of Debtor 1 Signature of Debtor 1 **Transport of Debtor 1** **Transport of Debtor | Signature of Debtor 2 | |
| | Olynamic on Doblar 2 | |
| Date | Date | |
| IVIVI / I / I / I / I I I I | IVIIVI / IJIJ / T T T T | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court

| | NORTHERN DIST | I KICT OF ILLINOIS EASTEKN DIVISION | JN |
|------|---|--|--|
| In 1 | re | | |
| Lyı | nette Meshelle Heard / Debtor | Case No: | |
| | | Chapter: | Chapter 7 |
| | DISCLOSURE OF CO | OMPENSATION OF ATTORNEY FOR DEF | RTOR |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 npensation paid to me within one year before the filing of dered or to be rendered on behalf of the debtor(s) in conte | (b), I certify that I am the attorney for the above the petition in bankruptcy, or agreed to be paid | ve named debtor(s) and that d to me, for services |
| | For legal services, I have agreed to accept | \$2,395.00 | |
| | Prior to the filing of this statement I have received | \$1,200.00 | |
| | Balance Due | \$1,195.00 | |
| 2. | The source of the compensation paid to me was: | | |
| | Debtor(s) Other: (specify | | |
| 3. | The source of compensation to be paid to me is: | | |
| | Debtor(s) Other: (specify | | |
| 4. | I have not agreed to share the above-disclosed comof my law firm. | npensation with any other person unless they ar | re members and associates |
| | I have agreed to share the above-disclosed compend of my law firm. A copy of the agreement, together attached. | 2 2 | |
| 5. | In return for the above-disclosed fee, I have agreed to recase, including: | ender legal service for all aspects of the bankru | ptcy |
| | a. Analysis of the debtor's financial situation, and rem | ndering advice to the debtor in determining who | ether to file a petition in |
| | bankruptcy; h Proposition and filing of any notition schodules at | to town outs of official and plan which may be now | nimad. |
| | b. Preparation and filing of any petition, schedules, stc. Representation of the debtor at the meeting of cred | | |
| | • | | ned hearings thereof, |
| | d. Representation of the debtor in adversary proceedie. [Other provisions as needed] | ngs and other contested bankruptcy matters, | |
| | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fe Fee does NOT include missed meeting or court | · · | y complaints or conversions to another |
| cha | pter, judicial lien avoidances, dischargeability actions, other | | - |
| | | CERTIFICATION | |
| | I certify that the foregoing is a complete payment to | e statement of any agreement or arrangement for | or |
| | me for representation of the debtor(s) in thi | s bankruptcy proceedings. | |
| | Date: 11/12/2016 | /s/ David Derrick Lugardo | |
| | Date | Signature of Attorney | |

Page 1 of 1 721910 Record #

Geraci Law L.L.C. Name of law firm

Case 16-36269 Doc 1 File **Getaci Law Entor**ed 11/14/16 16:21:56

National Headquarters: 55 E. Monroe Street #අഎന്റ് Chica എ പ്രക്കാര്ക്ക് 0 866.925.0707 help@geracilaw.com

Date: 11/11/2016 Consultation Attorney: **DDL** Record #: 721-910

in contract

Chapter 7 Attorney Retainer Agreement

The undersigned hires Geraci Law L.L.C. for representation in a Chapter 7 bankruptcy under the following terms and conditions: Your Chapter 7 bankruptcy attorney fee is estimated \$\frac{2,395}{2,395}\$ flat fee, **NOT** including \$335 Clerk Cost. Your payments to us before filing are only payments on attorney fees unless you pay the attorney fee in full, and then pay us the \$335 Clerk Cost. Pre-filing payments are applied to work we do BEFORE filing in Court and pay for work we do BEFORE filing, and may pre-pay work we do after filing. After filing, we may advance for you the Clerk Cost. If you do not pay us in full before filing, money you pay after filing in court is ONLY payment for reimbursement of any court cost we advance for you after we file, and for work we do AFTER filing. Any obligation for unpaid pre-filing work is discharged: payments AFTER filing for work or costs due AFTER filing that we will provide you with in writing after filing.

#1 Flat Fee: We quoted you a flat fee: no ups or extras except if something else happens, see #2. The advantage to you is that you know what your cost is instead of getting billed hourly. We are pretty good at estimating work, so you are never over-charged, and will get a refund of payments if we don't earn our flat fee. You may ask instead to pay us at an hourly rate of up to \$450/hr. but we usually find that will cost you more. It's up to you. Payments become ours and are not held in trust for later billing. Payments before filing are applied to work done before filing. After filing in court we apply your payments only to costs advanced and work done after filing. Non-Payment before filing - We may close the case - I will be charged only for work done to date. Court Costs may be applied to fees if case is discontinued and I give permission to transfer court costs from Trust Account to pay fees. Fees after Filing of case in court: If you have not paid post-filing fees & costs already: after filing, we'll send you a written voluntary agreement to pay post filing fee and costs advanced. We will not accept payment of unpaid balance after this case is filed, unless you want to agree to pay us, or the Court enters a fee order. Not Included in Attorney Fee: Missed court dates, amendments (\$150 minimum), audits, work on asset cases, examinations in addition to meeting of creditors, contested matters, motions, objections to discharge (up to \$350/hr minimum 8hrs in advance), adversary complaints, excessive work caused by you, or other matters except attending the first meeting of creditors, court filing fees, or costs for credit counseling or financial management classes.

#2 This fee is based on the anticipated amount of work required to complete my case, and upon the information I have provided to date. If any information is incomplete or incorrect, the advice or Chapter may have to change, and this fee may have to be adjusted. The estimated fee includes all work in the representation of my normal Chapter 7, including preparation of my bankruptcy petition, schedules and other documents, first 341 meeting, reaffirmations, normal correspondence with my creditors and myself, but does NOT include excessive work caused by you, missed 341 meetings, reopening the case, amendments to schedules, work on audits or asset cases, objections to exemptions, conversion to another chapter, evidentiary hearings, other contested matters or motions, or adversary proceedings: these can't be predicted in setting a flat fee. For these matters, we bill between \$275/hr and \$450/hr for attorney time, based on the attorney doing the work, and \$85 to \$150/hr for paralegal time. I agree that more than one attorney and paralegal will work on my case. We will present you will another contract after filing which sets out your costs and fees for post-filing work.

#3 Fees are "flat fees" and "advance payment-retainers" for pre-filing work. Payments before filing become property of this firm on payment, and are deposited into the firm's operating account. If this contract is terminated by either party prior to the filing of the case, the firm will refund unearned fees based on the above rates with an accounting, and on request, submit any dispute to binding arbitration within 30 days. If I close my file or breach this contract I agree to pay for the work done up to that time. I assign to Geraci Law all payments on filing fees or court costs & authorize Geraci Law to transfer said funds from trust accounts to operating accounts in payment of outstanding fees owed if my case is not filed.

Exemption laws only allow me to protect a limited amount of property. If I have any unprotected property, a Chapter 7 Trustee can sell it if I do not or cannot buy out the Trustee's interest and that the U.S. Trustee may object to my filing a Chapter 7 if they believe I have excess income and should be filing a Chapter 13. I will fully cooperate with my attorneys and provide all information requested at any point during the case, and agreeand that if I do not fully cooperate or provide complete and accurate information, my attorneys may withdraw from representation of me, with the permission of the Court.

If I have secured debts that I wish to retain (mortgages, financed vehicles or other financed property), I may be required to sign a reaffirmation agreement with the creditor in order to keep the property, and I must remain current on my payments. Many mortgage and car companies refuse to reaffirm the debt but we have found that if you keep up your payments you keep the property.

Debts not discharged if not paid in full: student loans; educational debts & tuition; most tax debts: unfiled, trust fund or late filed taxes; undisclosed debts; support/maintenance debts; fines, debts incurred by fraud, or after the case is filed; future condo/HOA dues; or debts listed in your red or green folder as usually not discharged, or found non-dischargeable by a Judge. Representation limited to Bankruptcy Court We don't represent you in state court, or loan modifications or similar matters.

I cannot transfer any property or incur any credit or debt without the witten permission of my attorney or the Court and I must make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. I AGREE TO READ MY PETITION, EVERY PAGE AND LINE OF IT, BEFORE I SIGN IT, AND MAKE SURE IT IS COMPLETE AND CORRECT.

I understand that if I fail to take my financial management class <u>after filing but before discharge</u>, my case may be closed without a discharge, and I will be required to pay fees and costs to have it reopened. I received the 11 U.S.C § 527(a) disclosures.

| be required to pay fees and costs to have it reopened. I receive | ved the 11 U.S.C \S | § 527(a) disclosures. | |
|--|-----------------------|--|---|
| Date: 11/11/16 x Junith Hea | ا کیا | X | _ |
| Lymatte Hearm (Debtor) | | (Joint Debtor) | |
| X Del Light | Attorney for the | Debtor(s), Representing Geraci Law L.L.C. rev 160902 | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Lynette Meshelle Heard / Debtor | Bankruptcy Docket #: |
|---------------------------------|----------------------|
| | Judge: |

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 11/12/2016 /s/ Lynette Meshelle Heard

Lynette Meshelle Heard

X Date & Sign

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^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

Document Page 48 of 57 In re Lynette Meshelle Heard / Debtor

UNITED STATES BANKRUPTCY COURT

NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Lynette Meshelle Heard

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deny your found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 11/12/2016 | /s/ Lynette Meshelle Heard |
|-------------------|----------------------------|
| | Lynette Meshelle Heard |
| | |

Dated: 11/12/2016 /s/ David Derrick Lugardo

Attorney: David Derrick Lugardo

Form B 201A. Notice to Consumer Debtor(s) Record # 721910 Page 2 of 2

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| Debtor 1 | Lynette | Meshelle | Heard Last Name | Case Number (if kn | nown) |
|--|--|---|--|---|--|
| | First Name | | _ | | |
| Part 6 | Answer These Question | s for Reporting Purposes | | | |
| | /hat kind of debts do ou have? | 16a. Are your debts as "incurred by an | primarily consumer deb individual primarily for a pe | ts? Consumer debts are defin rsonal, family, or household pu | ned in 11 U.S.C. § 101(8) urpose." |
| | | No. Go to line Yes. Go to lin | e 17. | | |
| | | 16b. Are your debts money for a busin | primarily business debt ess or investment or throug | s? Business debts are debts to the operation of the business | that you incurred to obtain s or investment. |
| | | □No. Go to line □Yes. Go to line | | | |
| | | 16c. State the type of o | lebts you owe that are not o | onsumer debts or business de | bts. |
| | | | | | |
| | re you filing under Chapter 7? | | ng under Chapter 7. Go to li | | and the control of th |
| | Oo you estimate that after my exempt property is | Yes. I am filing u administrati | nder Chapter 7. Do you est ve expenses are paid that fu | imate that after any exempt pro unds will be available to distribu | operty is excluded and ute to unsecured creditors? |
| | excluded and | No. | | | |
| | idministrative expenses are paid that funds will be | ∐Yes. | | | |
| á | available for distribution o unsecured creditors? | · . | | | . 7 |
| 18. | How many creditors do | 1-49 | □ 1,000 |)-5,000 | 25,001-50,000 |
| | ou estimate that you | 50-99 | | 1-10,000 | ☐ 50,001-100,000 ☐ More than 100,000 |
| • | owe? | ☐ 100-199 ☐ 200-999 | . 10,00 | 01-25,000 | □ More than 100,000 |
| 19. | How much do you | \$0-\$50,000 | ☐ \$1,0 | 00,001-\$10 million | \$500,000,001-\$1 billion |
| | estimate your assets to | \$50,001-\$100,00 | = | 000,001-\$50 million | □\$1,000,000,001-\$10 billion |
| | be worth? | \$100,001-\$500,0 | | 000,001-\$100 million 0,000,001-\$500 million | ☐\$10,000,000,001-\$50 billion ☐More than \$50 billion |
| | | \$500,001-\$1 mill | | | _ |
| | How much do you | \$0-\$50,000 | | 00,001-\$10 million | ☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion |
| | estimate your liabilities | \$50,001-\$100,00 | | 000,001-\$50 million 000,001-\$100 million | ☐ \$1,000,000,001-\$10 billion |
| | to be? | \$100,001-\$500,0 | | 0,000,001-\$100 million | ☐ More than \$50 billion |
| Part | 7: Sign Below | □ \$500,001-\$1 mill | 1011 [\$100 | 7,000,001-4000 Hillion | |
| | Sign Delow | I have examined this r | petition, and I declare under | penalty of perjury that the info | rmation provided is true and |
| Fory | ou | correct. | | | |
| | | If I have chosen to file of title 11, United State under Chapter 7. | under Chapter 7, I am awa es Code. I understand the re | re that I may proceed, if eligible elief available under each chap | e, under Chapter 7, 11,12, or 13 oter, and I choose to proceed |
| , | | If no attorney represel this document, I have | nts me and I did not pay or a obtained and read the notic | agree to pay someone who is re required by 11 U.S.C. § 3420 | not an attomey to help me fill out (b). |
| (SAMPA) COLOR OF THE COLOR OF T | | | | itle 11, United States Code, sp | |
| Management of the second of th | | I understand making a with a bankruptcy cas 18 U.S.C. §§ 152, 134 | se can result in fines up to \$2 | g property, or obtaining money 250,000, or imprisonment for u | y or property by fraud in connection up to 20 years, or both. |
| Andrew Commence of the Commenc | | × Lyutt | 5 Heal | X | ature of Debtor 2 |
| | | Signature of De | | | |
| was | | Executed on | MM / DD / YYYY | Exec | MM / DD / YYYY |

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| Debtor 1 | Lynette | Meshelle | Heard | _ | |
|---------------------------------------|------------|-------------|-----------|---|------------------------------------|
| | First Name | Middle Name | Last Name | | |
| ebtor 2 ouse, if filing) | First Name | Middle Name | Last Name | _ | |
| ineu Glates | , , | | (State) | | |
| nited States ase Number fknown) | | | (State) | | Check if this is an |
| ase Number | | | (State) | į | Check if this is an amended filing |

If two married people are filling together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|---|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out | bankruptcy forms? |
| ■ No | , |
| Yes. Name of Person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| | |
| Under penalty of perjury, I declare that I have read the summary and schedules to correct. | iled with this declaration and that they are true and |
| Contest | |
| *Aunotte Heale * | |
| Signature of Debtor 1 Signature of | Debtor 2 |
| Date | DD 1,0000 |
| MM / DD / YYYY | DD / YYYY |

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| Debtor 1 | Lynette | Meshelle | Heard | Case Number (if known) |
|------------|--|---|---|---|
| | First Name | Middle Name | Last Name | |
| | | ove applies. Go to Part 12. | ails below for each business. | |
| | thin 2 years before titutions, creditors | | you give a financial statemen | t to anyone about your business? Include all financial |
| | No. | • | | • |
| | Yes. Fill in the deta | ails. Date isa | ued | |
| Part 1 | Sign Below | | | |
| anss in co | wers are true and connection with a ball.S.C. §§ 152, 1341, Signature of Debte | orrect. I understand that makinkruptcy case can result in fi 1519, and 3571. or 1 -/2016 | ing a false statement, concea nes up to \$250,000, or impris | ts, and I declare under penalty of perjury that the ling property, or obtaining money or property by fraud onment for up to 20 years, or both. Of Debtor 2 |
| | you attach addition No Yes | nal pages to Your Statement o | or Financial Aπairs for individ | luals Filing for Bankruptcy (Official Form 107)? |
| Did | | o pay someone who is not an | attorney to help you fill out b | ankruptcy forms? |
| | No Yes. Name of pers | son | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

Case 16-36269 Doc 1 Filed 11/14/16 Entered 11/14/16 16:21:56 Desc Main Document Page 53 of 57 Case Number (if known) Lynette Meshelle Debtor 1 First Name **List Your Unexpired Personal Property Leases** Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ∏ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: □No Lessor's name: ☐Yes Description of leased property: □No Lessor's name: □Yes Description of leased property: □ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Date Dated: //

Signature of Debtor 2

MM / DD / YYYY

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DISCLAIMER Debtors Have read and agree:

- 1. Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entityin connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- 2. Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- 3. Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for fimily support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- 4. TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met:

 (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax.
- 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filing spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filing spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt.
 b. Failure to keep books and records documenting your financial affairs.
 c. Luxury purchases or cash advances within 60 days of filing or without intent or ability to repay.
 d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others
 e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy.
 f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.
- 18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court, AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATELY.

Dated: 1 / /2 /2016

Lynette Meshelle Heard

X Date & Sign

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Lynette Meshelle Heard / Debtor

Bankruptcy Docket #:

Judge:

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 1/2/2016

Lynette Meshelle Heard

X Date & Sign

^{*} Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

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| Deb | tor 1 | Lynette | Meshelle | Heard | _ | | Case N | umber (if known) | | | |
|--|----------------|---|---|--|-----------------------------|--------------|----------------|--|-----------|--------------------------|--|
| | | First Name | Middle Name | Last Name | | | | | | | |
| | | | A contract of the contract of | | | | Colum Debto | State of the state | Debi | mn B to r 2 or | |
| | | | | | | | A de agrique | | non- | filing spouse | accientation |
| R | linemr | oloyment compensation | | | | | | \$0.00 | | \$0.00 | - |
| | Do not | enter the amount if you co the Social Security Act. Ins | ontend that the amount stead, list it here: | received was a b | enefit | | | | | | *************************************** |
| | For yo | ouu | | | | | | | | | |
| | | our spouse | | | | | | | | | * |
| 9. | Pension benefi | on or retirement income. it under the Social Security | Do not include any am Act. | ount received tha | it was a | | | \$0.00 | _ | \$0.00 | pousautusererro |
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| , manufacture and a second | | | | | | | \$ | 0.00 | | \$0.00 | - |
| - | | otal amounts from separat | | | | | | \$0.00 | | \$0.00 | |
| 11 | . Calcu | ilate your total current mo nn. Then add the total for C | onthly income. Add lin | es 2 through 10 for Column B. | or each | | | \$2,885.32 + | - | \$0.00 = | \$2,885.32 |
| open processor construction of | COIGII | | | | | | | • | | | |
| | | | | | | | | | | | |
| | art 2: | | ne Means Test Applies | | | | | | | - | |
| 12 | . Calcu | ilate your current monthly Copy your total current m | y income for the year. | Follow these step | ps: | | Copy | line 11 here | | 12a. | \$2,885.32 |
| • | 12a. | | | | | | | | | | x 12 |
| | 12b. | Multiply by 12 (the number The result is your annual | | | | | | | | 12b. | \$34,623.84 |
| | | | | | etene: | | | | | | |
| 113 | . Calcu | ulate the median family in | come that applies to y | you. Pollow these | steps. | 1 | | | | | VANAMANA |
| | Fill in | the state in which you live |). | | IL | | | | | | |
| Market Stronger | Fill in | the number of people in y | our household. | | 11 | | | | Č. | | |
| | To fir | the median family income nd a list of applicable medi | an income amounts, de | o online using the | link specified in th | e separate | •••••• | | | 13. | \$50,133.00 |
| - | instru | ections for this form. This li | st may also be availab | ie at the parkrupt | cy derk's onice. | | | | | | |
| 14 | . How | do the lines compare? | | | | | | | | • | |
| - CONTRACTOR OF THE STATE OF TH | 14a. | x ine 12b is less than or Go to Part 3. | r equal to line 13. On th | ne top of page 1, | check box 1, <i>Ther</i> | e is no pres | umption | of abuse. | | | |
| | 14b. | Line 12b is more than I Go to Part 3 and fill out | | age 1, check box | 2, The presumpti | on of abuse | is deter | mined by Form | 122A-2 | · | |
| | Part 3: | Sign Below | | | | <u></u> | | | | | |
| | | By signing here, I declare | e under penalty of peri | ury that the inform | nation on this state | ment and in | any att | achments is tru | e and co | orrect. | |
| energen inches de la constantion de la constanti | | dynette | te Meshelle Heard | <i>/</i> | | | | | | | |
| *************************************** | | | , | - | | | | | | | |
| | | Date:: 1 / 10 | 人_/2016 | iorm 1934 3 | | | | | | | |
| AND THE PROPERTY. | | If you checked line 14a, | | | | | | | | | |
| *************************************** | | If you checked line 14b, | fill out Form 122A-2 ar | nd file it with this f | orm. | | | | | | · · · · · · · · · · · · · · · · · · · |

Form B 201A, Notice to Consumer Debtor(s)

In re Lynette Meshelle Heard / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filling fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: 1 / 2016

Lynette Meshelle Heard

X Date & Sign

Dated: 1/12/2016

Attorney: David Derrick Lugardo

Form B 201A, Notice to Consumer Debtor(s)

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